FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:41

DOCUMENT # N13145 (0)

1. Corporation Name

THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC.

Principal Place of Business	Mailing Address
2524 SE WASHINGTON ST STUART FL 34997 US	P O BOX 873 STUART FL 34995 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1986
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2454052 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 607 S.E. Chapman Avenue
Suite, Apt. #, etc.
22
City & State
23 Port St. Lucie, Fl.
Zip
24 34984
Country
25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) *Tax Exempt Status* ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAYNER, EVELYN
120 BEACH AVE. NE
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BROWN, HAZEL	1.2 NAME	Gus Paskaly	
STREET ADDRESS	2524 SE WAHSINGTON ST	1.3 STREET ADDRESS	607 S.E. Chapman Avenue	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34984	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	VOLPONI, MARIE	2.2 NAME	Joseph DeMaria	
STREET ADDRESS	2219 SE GLOVER ST	2.3 STREET ADDRESS	8527 Marlberry Court	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, Fl.34952	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLSWORTH, SOFIA	3.2 NAME		
STREET ADDRESS	2600 SE OCEAN BLVD #C-2	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DICE, ADELE	4.2 NAME		
STREET ADDRESS	2029 SE OCEAN BLVD #N-1	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	PASKALY, GUS	5.2 NAME	Faye Conner	
STREET ADDRESS	607 SE CHAPMAN AVENUE	5.3 STREET ADDRESS	2377 S.E. Harrison St.	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	Stuart, fl. 34997	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WHITE, SHIRLEY	6.2 NAME	Bill Borra	
STREET ADDRESS	2377 SE HARRISON ST.	6.3 STREET ADDRESS	6092 Riverboat Drive #737	
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	Stuart, fl. 34997	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye B. Co 2/28/95 407/286-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Faye Connor

0070881