

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13145** (0)

1. Corporation Name

THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, INC.

Principal Place of Business

**807 SE CHAPMAN AVENUE
PORT ST. LUCIE FL 34984
US**

Mailing Address

**P O BOX 873
STUART FL 34995
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1986	3a. Date of Last Report 03/07/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2454052	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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 **Gus Paskaly**
82 Street Address (P.O. Box Number is Not Acceptable)
607 SE Chapman Ave.
83
84 City **Port St. Lucie** FL 85 Zip Code **34984**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gus Paskaly

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD Evelyn Rayner
NAME	PASKALY, GUS	1.2 NAME	120 Beach Ave. NE
STREET ADDRESS	607 SE CHAPMAN AVENUE	1.3 STREET ADDRESS	Port St. Lucie, FL 34952
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	TD
NAME	DEMARIA, JOSEPH	2.2 NAME	Kay Zizza
STREET ADDRESS	8527 MARLBERRY COURT	2.3 STREET ADDRESS	2938 SW Sunset Trace
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	Palm City, FL 34980
TITLE	VD	3.1 TITLE	D
NAME	ELLSWORTH, SOFIA	3.2 NAME	Pat Barnes
STREET ADDRESS	2600 SE OCEAN BLVD #C-2	3.3 STREET ADDRESS	2929 SE Ocean Blvd. 112-4
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD	4.1 TITLE	D
NAME	DICE, ADELE	4.2 NAME	Jim Hicks
STREET ADDRESS	2929 SE OCEAN BLVD #N-1	4.3 STREET ADDRESS	211 SW S. River Dr.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD	5.1 TITLE	D
NAME	CONNER, FAYE	5.2 NAME	Mickie Leverone
STREET ADDRESS	23778 SE HARRISON STREET	5.3 STREET ADDRESS	70 Blackburn TR.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D	6.1 TITLE	D
NAME	BORRA, BILL	6.2 NAME	Hazel Brown
STREET ADDRESS	6092 RIVERBOAT DRIVE #737	6.3 STREET ADDRESS	P.O. Box 2056
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Stuart, FL 34995

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)(k), 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: Constantine G. Paskaly 6/30/96 340-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE DAYTIME PHONE #

CR2E037 (3/96)