CORPORATION ANNUAL REPORT 1996  DOCUMENT # N13145 (0) THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC.  Principal Place of Business 807 SE CHAMMA ANNUAL PROPERTY STUDIES A 1996 Will STUDIES A 1996 Will STUDIES A 1996 Will STUDIES A 1996 SOUTH A 1996  DOLLAR FLORIDA ANNUAL PROPERTY STUDIES A 1996 SOUTH A 1996 SOU		N OR BEFORE 8/7/96: \$61.25 (IF DIS			ARTMENT OF STATE					
1996 ONVISION OF CORPORATIONS  DOCUMENT# # N13145 (O)  THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC.  Procoal Place of Businoss  No sing Address  P O 60X 873 STUART FL. 100E FL. Man  For Fl. 100E FL. Man  STUART FL. 100E FL. Man  For Fl. 100E FL. Man  STUART FL. 1		J=( 0 =50)		Sandra	B. Mortham					
DOCUMENT # N13145 (0) THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC. THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC. Principal Place of Desires  Morning Address  DO SO DATA STUART FL 34695  STUART FL					•	ľ				
THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC. Principal Place of Business  We Sci Charlan A Artine PO BOX 873 STUART R. 34996 US  2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date Incomporated or Qualified 3. Date Incomporated or Qualified 3. Date of Least Report 00/22/1986 00/20/1995 2. Principal Place of Business 2. A Mailing Address 3. Date Incomporated or Qualified 3. Date of Least Report 00/22/1986 00/20/1995 2. Principal Place of Business 3. Date Incomporated or Qualified 3. Date of Least Report 00/22/1986 00/20/1995 2. Principal Place of Business 3. Date Incomporated or Qualified 3. Date of Least Report 00/22/1986 00/20/1995 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date of Least Report 00/22/1986 3. Date Incomporate or Qualified 3. Date Incomporate			IN THE		CORPORATIONS					
Principal Place of Business  O'S ECHAPANN AVENUE PORT ST. LUCE FL. 94994  2. Principal Place of Business 2. Maling Address 2. Maling Address 3. Obe Incorporated of Qualified O1/22/1988  3. Date Incorporated O1/22/1988  3. Date Incorporat	1. Corporation	n Name		• •						
ROY STUMEN FLOOR S	THE ( NC.	COMMODORE SINGLES (	CLUB (	of Stuart, Flo	ORIDA, I		<b>Ba</b> hkan dan alamp kepad dibuh di	EEI EIIL EIER E	i <b>a</b> ra di bili arai	N OTRU DIALI LODI
STUART FI. SUPPORT ST. LUCK FI. 34994 US  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 3. Date	Principal Place	e of Business	P	Mailing Address		—— li	<u> </u>			
2. Principal Place of Business   2. Mailing Address   4. FEI Number   50-244052   Applied for Solid Apt #, etc.   Saite Apt #,	Port St. Luk			STUART FL 34995						
Suite Apt #, etc.   28	B. Dringing   Di		·			0	1/22/1986	<b>3a.</b> Da		
Solicy Api st, etc.    Solicy Api st, etc.   Solicy Api st, etc.   Solicy Api st, etc.   Solicy Api st, etc.   Solicy Api st, etc.   Solicy Api state   Solicy Api st, etc.   Solicy Api st,	21			L						
28	22		27			5. Certifica	ate of Status Desired		\$8.75	Additional
Section of Statutes   Section   Sect	23		28	·		<b>I</b>	, , ,		\$5.00	May Be
11   Name and Address of Current Registered Agent		25		]	<del></del>	8. This cor	poration has liability for		ax under s	
RAYNER, EVELYN 120 BEACH AVE. NE PORT ST. LUCIE F1 34952  84 City Port St. Lucie F1 85 3/9 3/4 9/8 4  T1. 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 agent. are both, in the State of Florida. Such change was authorized by the corporation's board of directors I hereby accept the appointment are registered agent. are minimized with, and decept the bublipations of, Scientor 175 5005, Florida Statutes.  SIGNATURE  G.U.S. P. B.S. 1. Y.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ANA  15. SIRRET ADDRESS  607 SE CHAPMAN AVENUE  15. SIRRET ADDRESS  608 SE CHAPMAN AVENUE  15. SIRRET ADDRESS		9. Name and Address of Curre	ent Regi	stered Agent	91 Nome					
PORT ST. LUCIE FL 34952  11. Pursuant to the provisioner of Sections 617 1500. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 617 1500. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 617 1500. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as registered signed. I arm familiar with, and accept the obligations of, Section 617 1500. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as registered signed. I arm familiar with, and accept the obligations of, Section 617 1500. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as registered signed. Statutes, the above named corporations board of directors. I hereby accept the appointment as registered signed. Statutes, the above named corporations board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered signed. Statutes. The purporation board of directors. I hereby accept the appointment as registered. The appointment as registered.  12. No.	RAYNE	r, evelyn			or Name	Gus Pask	aly			
## City Port St. Lucie FL 45/292  ## City Port St. Lucie FL 45/24/2006  ## City FL 34/95  ## City FL 34/95  ## City FL 34/95  ## City FL 34/99	120 BE				82 Street	Address (P.O. Box I	Number is Not Acceptat	ole)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or attending the purpose of changing its registered agent and manifest with a state of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent spring above the appointment as registered spent up the florida Statutes.  SIGNATURE  CLUE Paskaly  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  ADDITION/SICHANGES TO OFFICERS AND DIRECTORS IN 12.  12.  PASKALY, GUS  12.  OFFICERS AND DIRECTORS  13.  ADDITION/SICHANGES TO OFFICERS AND DIRECTORS IN 12.  12.  DELETE  11.  12.  PORT ST. LUCIE FL  14.  14.  14.  12.  DELETE  13.  ADDITION/SICHANGES TO OFFICERS AND DIRECTORS IN 12.  12.  DELETE  14.  12.  DELETE  14.  12.  DELETE  14.  12.  DELETE  15.  ADDITION/SICHANGES TO OFFICERS AND DIRECTORS IN 12.  12.  DELETE  14.  14.  12.  DELETE  14.  14.  17.  DELETE  14.  17.  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  DIRECTORS  33.  SIRECT ADDRESS  34.  CITY-SI-ZIP  ADDITION/SI-ZIP  ADD	DANT 4					- DU/ SE C	hanman Ave			
11. Provision to the provisions of Sactoria 617 0500 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agents submits	PURI S	ST. LUCIE FL 34952			83	607 SE C	<u>napman Ave</u>	•		
SIGNATURE  C.U.S. P.A.S.K.A.I.Y.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  NAME  PASKALY, GUS  STREET ADDRESS  607 SE CHAPMAN AVENUE PORT ST. LUCIE FL  12 NAME  13 STREET ADDRESS  607 SE CHAPMAN AVENUE PORT ST. LUCIE FL  14 DIY-SI-ZP  PORT ST. LUCIE FL  14 DIY-SI-ZP  PORT ST. LUCIE FL  15 STREET ADDRESS  6527 MARLBERRY COURT PORT ST LUCIE FL  15 STREET ADDRESS  24 CHTY-SI-ZP  PORT ST LUCIE FL  25 STREET ADDRESS  2600 SE OCEAN BLVD #0-1  STUART FL  SD  STUART FL  15 STREET ADDRESS  15 STREET AD	PURI S	ST. LUCIE FL 34952							as Zin	Code
SIGNATURE  G.U. S. P. B. S. L. B. 1. Y.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  PASKALY, GUS  OF SE CHAPMAN AVENUE  PORT ST. LUCIE FL  12. ITIME  PORT ST. LUCIE FL  13. STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  12. NAME  OFFICERS AND OFFICERS AND OFFICERS IN 12  OFFICERS AND OFFICERS  OFF			M2 and 6	117 1508 Florida Statu	84 City	Dawk Ct		FI		
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PD   DELETE   DELETE	11. Pursuant to office or repagent. I am	o the provisions of Sections 617.05 gistered agent, or both, in the State of familiar with, and accept the oblig	02 and 6 e of Florio gations o	517, 1508, Florida Statu da. Such change was f, Section 617,0503, Fl	84 City	Dawk Ct		FI		
TITLE  VD  NAME  DEMARIA, JOSEPH  STREET ADDRESS  STAMARL BERRY COURT PORT ST LUCIE FL  VD  STREET ADDRESS  CITY-ST-ZIP  PORT ST LUCIE FL  VD  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  A1TITLE  SD  DICE, ADELE  STREET ADDRESS  CITY-ST-ZIP  Change  K Addition  MICK ie Leverone  TO Blackburn TR.  STREET ADDRESS  CHANK  CHANGE  CHANGE  Change  K Addition  Hazel Brown  Hazel Brown  Hazel Brown  Hazel Brown  Hazel Brown  P.O. Box 20566	11. Pursuant to office or regagent. I am SIGNATURE	o the provisions of Sections 617.05 gistered agent, or both, in the State of familiar with, and accept the oblig  Gus Paskalv  Fornative Typed or printed name of registered ag	gent and title	if applicable (NC	84 City les, the above-named authorized by the corporida Statutes.  TE Registered Agent signature	Port St. corporation submits oration's board of di	Lucie this statement for the p rectors. I hereby accept	FL urpose of ch the appoin	anging its	284 registered egistered
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ANAME CONNER, FAYE  STREET ADDRESS CONNER, FAYE STREET ADDRESS STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FAYE CONNER, FAYE CONNER, FAYE STREET ADDRESS CONNER, FL 34997 CONNER, FAYE CON	11. Pursuant to office or regagent. I am SIGNATURE \$ 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	o the provisions of Sections 617.05 gistered agent, or both, in the State of familiar with, and accept the oblig  Gus Paskaly Signature, hyped or printed name of Wigistered ag  OFFICERS AT  PD  PASKALY, GUS  607 SE CHAPMAN AVENU  PORT ST. LUCIE FL  VD  DEMARIA, JOSEPH  8527 MARLBERRY COURT	gent and title ND DIRE	it applicable (NC CTORS DELETE	B4 City  tes, the above-named authorized by the corporate Statutes.  TE Pagistered Agent signature  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS	Port St. corporation submits bration's board of di required when renstating) ADDITION VD Evely 120 Beac Port St. TD Kay Zizz	Lucie this statement for the prectors. I hereby accept  NS/CHANGES TO OFFIC IN Rayner The Ave. NE Lucie, FL	FL urpose of ch the appoin DATE CERS AND	DIRECTOR Change	284 registered egistered agistered RS IN 12 Addition
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TITLE D DELETE STUART, FL 34997  Change & Addition  BORRA, BILL  STREET ADDRESS  CITY-ST-ZIP  STUART FL  Change & Addition  FL 34997  Change & Addition	11. Pursuant to office or regagent. I am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	on the provisions of Sections 617.05 gistered agent, or both, in the State of familiar with, and accept the oblig  Gus Paskaly Greature, bysed or printed name of Wajistered ag  OFFICERS AN  PD PASKALY, GUS 607 SE CHAPMAN AVENU PORT ST. LUCIE FL  VD DEMARIA, JOSEPH 8527 MARLBERRY COURT PORT ST LUCIE FL  VO ELLSWORTH, SOFIA 2600 SE OCEAN BLVD #C STUART FL  SD DICE, ADELE 2929 SE OCEAN BLVD #N STUART FL TD CONNER, FAYE	pent and title ND DIRE	TI applicable (NC CTORS DELETE  DELETE  DELETE  DELETE  DELETE	B4 City  Tes, the above-named authorized by the corporida Statutes.  TE Registered Agent signature  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  51 TITLE  52 NAME	Port St. corporation submits bration's board of di required when renstating)  ADDITION  VD Evely 120 Beac Port St.  TD  Kay Zizz 2938 SW Palm Cit  D  Pat Barn 2929 SE Stuart,  D  Jim Hick 211 SW S Stuart,  D  Mickie L	Lucie this statement for the prectors. I hereby accept  NS/CHANGES TO OFFICE IN Rayner A Ave. NE Lucie, FL  a Sunset Tra y, FL 3499 es Ocean Blvd FL 34996  s River Dr FL 34997 everone	PL urpose of children appoint  DATE CERS AND  3495  6  112	DIRECTOR Change Change Change Change	RS IN 12  Addition  Addition
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NAME OF SIGNING OFFICER OR DIRECTOR PASS AFT. A Date Dayline Phone #