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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90003 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N13145</b>					
1. Corporation Name <b>THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I NC.</b>					
Principal Place of Business 607 SE CHAPMAN AVENUE PORT ST. LUCIE FL 34984 US			Mailing Address P O BOX 873 STUART FL 34995 US <i>1110 TRINIDAD AVE FORT PIERCE FL 34982</i>		



2. Principal Place of Business 21 <i>3195 NE SAVANA RD</i>		2a. Mailing Address 26 <i>1110 TRINIDAD AVE</i>		3. Date Incorporated or Qualified 01/22/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2454052	
City & State 23 <i>Jensen Beach FL</i>		City & State 28 <i>Fort Pierce FL</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 25 <i>MARTIN</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <i>MARTIN</i>		Country 29 <i>34982</i>		Country 30 <i>U.S.A.</i>	
9. Name and Address of Current Registered Agent CHAPMAN, NETTIE P 1110 TRINIDAD AVE FT PIERCE FL 34982			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOLPONI, MARIE S 2219 S E GLOVER ST PT ST LUCE FL 38994	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, ANN 1425 S E SANOVINA TR PT ST LUCIE FL 34952	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, TOM 2520 S W MONTERRY LN PT ST LUCIE FL 34953	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNELL, GEORGE P O BOX 7697 N/A PT ST LUCIE FL 34985	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METCALF, DOROTHY 109 W ALDEA ST PT ST LUCIE FL 34952	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FERN FULLER</i> <i>2950 SE Ocean Blvd</i> <i>Stuart FL 34996</i>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/99*

Date

Daytime Phone #

CR2E037 (11/98)