

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13145

1. Entity Name

THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90299 016 \*\*\*\*\*70.00

0000755

Principal Place of Business

3195 NE SAVANA RD  
JENSEN BCH FL 34964  
US

Mailing Address

414 PONDEROSA DR.  
FT PIERCE FL 34982  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454052

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, EVELYN  
414 PONDEROSA DR.  
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name  
EVELYN GREENWALD  
Street Address (P.O. Box Number is Not Acceptable)  
414 PONDEROSA DR.  
FORT PIERCE  
City

FL

Zip Code  
34982

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT-V.I. PRES ELLSWORTH, SOFIA 2600 SE OCEAN BLVD. STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT-PRES GREENWALD, EVELYN 414 PONDEROSA DR. FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR- DIRECTOR WHITING, ROSE MARIE 1123 ALAMANDA LANE STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLER, JO A 6531 SE FEDERAL HWY STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, JOYCE A 5413 SE MILES GRANT RD. STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TROCCOLI, DOROTHY 4275 SE BRITTNEY CIRCLE PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ND. V. PRES. KAY ZIZZA 2938 S.W. SUNSET TRACE CIRCLE PALM CITY-FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. BAGULEY, PEGGY 3196 SUNSET TRACE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. DEMARIA, JOE 8524 MARLBERRY CT. PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR- MOLINO, GRACE 563 SW SAN REMO CIRCLE P.S.L., FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn Greenwald* EVELYN GREENWALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-461-6449

CR2E037 (10/00)