


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 030 ****61.25

DOCUMENT # N13145					
1. Entity Name THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, INC.					
Principal Place of Business 3195 NE SAVANA RD JENSEN BCH, FL 34984 US			Mailing Address PO BOX 873 STUART, FL 34995 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENWALD, EVELYN 414 PONDEROSA DR FORT PIERCE, FL 34982				Name GREEN, ROBERT	
				Street Address (P.O. Box Number is Not Acceptable)	
				528 NE SAPPHIRE WAY	
				City JENSEN BEACH	FL Zip Code 34957
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Robert A. Green</i> ROBERT A. GREEN 2/26/05 DATE					
Filing Fee is \$61.25 Due by May 1, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> Delete			
NAME	ELLSWORTH, SOFIA				
STREET ADDRESS	2600 SE OCEAN BLVD.				
CITY-ST-ZIP	STUART, FL 34996				
TITLE	T	<input type="checkbox"/> Delete			
NAME	RICHARDS, THOMAS				
STREET ADDRESS	2520 SW MONTEREY LANE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	ZIZZA, KATHERINE				
STREET ADDRESS	2938 SW SUNSET TRACE CIR				
CITY-ST-ZIP	PALM CITY, FL 34990				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CONNELLY, BETTY JO				
STREET ADDRESS	1356 S. BUCKINGHAM TERR				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952				
TITLE	D	<input type="checkbox"/> Delete			
NAME	KIBBEY, BARBARA				
STREET ADDRESS	11 REFORMA LANE				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34957				
TITLE	S	<input type="checkbox"/> Delete			
NAME	TROCCOLI, DOROTHY				
STREET ADDRESS	4275 SE BRITTNEY CIRCLE				
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Peggy Robins , PEGGY ROBBINS				
STREET ADDRESS	3500 S Kanner Hwy #100				
CITY-ST-ZIP	Stuart, FL 34994				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Ralph Kishel , RALPH				
STREET ADDRESS	2600 SE Ocean Blvd KK12				
CITY-ST-ZIP	Stuart, FL 34996				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Robert A. Green</i> ROBERT A. GREEN 2/26/05 772 334 2991					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					