

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 031 ****70.00

DOCUMENT # N13145

1. Entity Name

THE COMMODORE SINGLES CLUB, INC.



Principal Place of Business

3195 NE SAVANNAH ROAD
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

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROCCOLI, DOROTHY
4275 SE BRITTNEY CIRCLE
PORT SAINT LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

DOROTHY TROCCOLI - SECRETARY

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

(NOTE: Registered Agent signature required when reappointing)

DATE

3/21/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☒ Delete
NAME: GREEN, ROBERT A
STREET ADDRESS: 528 NE SAPPHIRE WAY
CITY-ST-ZIP: JENSON BEACH FL 34957

TITLE: PRES ☒ Change ☐ Addition
NAME: EVELYN GREENWALD
STREET ADDRESS: 414 PONDEROSA DR.
CITY-ST-ZIP: FORT PIERCE, FL 34982

TITLE: 1VP ☐ Delete
NAME: ELLSWORTH, SOFIA
STREET ADDRESS: 2600 SE OCEAN BLVD.
CITY-ST-ZIP: STUART FL 34994

TITLE: SAME ☐ Change ☐ Addition
NAME: SAME
STREET ADDRESS: SAME
CITY-ST-ZIP: SAME

TITLE: 2VP ☐ Delete
NAME: ZIZZA, KATHERINE
STREET ADDRESS: 2938 SW SUNSET TRACE CIR
CITY-ST-ZIP: PALM CITY FL 34990

TITLE: SAME ☐ Change ☐ Addition
NAME: SAME
STREET ADDRESS: SAME
CITY-ST-ZIP: SAME

TITLE: D ☐ Delete
NAME: CONNELLY, BETTY JO
STREET ADDRESS: 1356 S. BUCKINGHAM TERR
CITY-ST-ZIP: PORT SAINT LUCIE FL 34952

TITLE: SAME ☐ Change ☐ Addition
NAME: SAME
STREET ADDRESS: SAME
CITY-ST-ZIP: SAME

TITLE: D ☐ Delete
NAME: BEA, PATRICIA
STREET ADDRESS: 399 NE JADE CIRCLE
CITY-ST-ZIP: JENSEN BEACH FL 34957

TITLE: DIRECTOR ☒ Change ☐ Addition
NAME: ANN GAUTHER
STREET ADDRESS: 2605 W CRESCENT AVE
CITY-ST-ZIP: P.S.L. FL 34984

TITLE: S ☐ Delete
NAME: TROCCOLI, DOROTHY
STREET ADDRESS: 4275 SE BRITTNEY CIRCLE
CITY-ST-ZIP: PORT ST. LUCIE FL 34952

TITLE: SAME ☐ Change ☐ Addition
NAME: SAME
STREET ADDRESS: SAME
CITY-ST-ZIP: SAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dorothy Troccoli 772-398-8241

3/21/06

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Crayon: Pkate #