

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13145

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE COMMODORE SINGLES CLUB, INC.

Current Principal Place of Business:

3195 NE SAVANNAH ROAD
JENSEN BCH, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 873
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2454052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, HENRY
826 SW ALL AMERICAN BL
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, ROBERT
Address: 528 NE SAPPHIRE
City-St-Zip: JENSEN BEACH, FL 34957

Title: 1VP () Delete
Name: ZIZZA, KATHERINE
Address: 461 PONDEROSA DR
City-St-Zip: FORT PIERCE, FL 34982

Title: 2VP () Delete
Name: ABELE, GLADYS
Address: 460 TROPICAL ISLE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: DEMARIA, JOSEPH
Address: 8527 MARLBERRY CT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T () Delete
Name: CHAMBERLAIN, HENRY
Address: 826 SW ALL AMERICAN BL
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: TROCCOLI, DOROTHY
Address: 4275 SE BRITTNEY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: ANSARA, ROSEMARY
Address: 1271 A NW BENTLEY CR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NELL, MOUNCE
Address: 18332 SE POOL LANE
City-St-Zip: TEQUESTA, FL 33469

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BENOIT, MARIE
Address: 426 CHIANTI CT
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY CHAMBERLAIN

T

02/04/2009

Electronic Signature of Signing Officer or Director

Date