

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 050 ****70.00

DOCUMENT # N13145

1. Entity Name

**THE COMMODORE SINGLES CLUB OF STUART, FLORIDA, I
NC.**



Principal Place of Business

**3195 NE SAVANA RD
JENSEN BCH FL 34984
US**

Mailing Address

**PO BOX 873
STUART FL 34995
US**

90011520



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

**VOLPONT, MARIE S
2219 SE GLOVER STREET
PORT ST LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name

Greenwald, Evelyn

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

414 Ponderosa Drive

City

Fort Pierce

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Evelyn Greenwald

Evelyn Greenwald

January 24, 2003

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
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	P	<input checked="" type="checkbox"/> Delete
NAME	VOLPONI, MARIE S	
STREET ADDRESS	2219 SE GLOVER STREET	
CITY-ST-ZIP	PORT ST LUCIE FL 34984	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITING, ROSE MARIE	
STREET ADDRESS	1123 ALAMANDA LANE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILLER, JO A	
STREET ADDRESS	6531 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEMARIA, JOE	
STREET ADDRESS	8527 MARLBERRY CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Richards, Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2520 SW Monterrey Lane	
STREET ADDRESS	Port St. Lucie, FL 34953	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zizza, Katherine	
STREET ADDRESS	2938 SW Sunset Trace Cir	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connelly, Betty Jo	
STREET ADDRESS	1356 S. Buckingham Terrace	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kibbey, Barbara	
STREET ADDRESS	11 Reforma Lane	
CITY-ST-ZIP	Port St. Lucie, FL 34957	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenwald, Evelyn	
STREET ADDRESS	414 Ponderosa Drive	
CITY-ST-ZIP	Fort Pierce, FL 34982	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Greenwald (P) (772) 461-6449

Date Daytime Phone #

CR2E037 (10/02)