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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90069 045 \*\*\*\*61.25

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DOCUMENT # N17538

1. Corporation Name

COMMODORES' CLUB OF AMERICA - CHAPTER ONE INC.

Principal Place of Business

12650 SW 191 STREET  
MIAMI FL 33177

Mailing Address

12650 SW 191 STREET  
MIAMI FL 33177



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/27/1986

4. FEI Number

59-2744358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MELCHIOR, JOHN  
12650 SW 191 STREET  
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE VP  
NAME MELCHIOR, JOHN  
STREET ADDRESS 12650 S.W. 191 STREET  
CITY-ST-ZIP MIAMI FL

TITLE T  
NAME SCHOENBACHER, GEORGE V  
STREET ADDRESS 1800 S. OCEAN BLVD.  
CITY-ST-ZIP POMPANO FL

TITLE D  
NAME BRENNER, ALFRED  
STREET ADDRESS 2940 N.W. 15 ST.  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D  
NAME LIFESSET, PAUL  
STREET ADDRESS 1426 S.W. 14 ST.  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE V  
NAME COMSO, JAMES  
STREET ADDRESS 3110 NE 29TH ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P  
NAME LAURA, LIBERO L.  
STREET ADDRESS 3100 NE 28TH ST  
CITY-ST-ZIP FT LAUDERDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE Secretary  
1.2 NAME Robert Mac Neil  
1.3 STREET ADDRESS 1021 N.W. Fifth Ave  
1.4 CITY-ST-ZIP Boynton Beach FL, 33426

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1-19-99

Date

(561) 369-7642

Daytime Phone #

CR2E037 (11/98)