

5-15-98 B7420C
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May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024066 (9)

1. Corporation Name

COMMODORE POINT DEVELOPERS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3307302

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DR.
SUITE 3104
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PT
STREET ADDRESS BOS, PETER H
CITY-ST-ZIP 385 HWY 98 E SUITE 60
DESTIN FL 32541

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DP
1.3 STREET ADDRESS BOS, PETER H.
1.4 CITY-ST-ZIP 385 HWY 98E, STE 60
DESTIN, FL 32541

TITLE ☐ DELETE
NAME V
STREET ADDRESS LORENZEN, DWIGHT
CITY-ST-ZIP 385 HWY. 98E, SUITE 60
DESTIN FL 32541

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

TITLE ☐ DELETE
NAME S
STREET ADDRESS PARKER, WENDY
CITY-ST-ZIP 385 HWY. 98E, SUITE 60
DESTIN FL 32541

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

TITLE ☒ DELETE
NAME S
STREET ADDRESS SCHELICH, DOUGLAS
CITY-ST-ZIP 385 HWY. 98E, SUITE 60
DESTIN FL 32541

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

TITLE ☐ DELETE
NAME V
STREET ADDRESS CLAUSON, GREG
CITY-ST-ZIP 385 HWY 98E SUITE 60
DESTIN FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME TV
5.3 STREET ADDRESS CLAUSON, GREG
5.4 CITY-ST-ZIP 385 HWY 98E, STE 60
DESTIN, FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME S
6.3 STREET ADDRESS BURKE, GAIL
6.4 CITY-ST-ZIP 385 HWY 98E, STE 60
DESTIN, FL 32541

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Peter H. Bos

4/1/98

(850) 654-6500

CR2E034 (10/97)