

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000024066

1. Corporation Name

COMMODORE POINT DEVELOPERS, INC.

Principal Place of Business

385 HWY 98 E  
SUITE 60  
DESTIN FL 32541

Mailing Address

385 HWY 98 E  
SUITE 60  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

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 the current year Intangible  
Personal Property Tax. ☒ 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

LEGLER, MITCHELL W.

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

300A Wharfside Way

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

Mitchell W. Legler

3/3/99

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 DP  
STREET ADDRESS BOS, PETER H  
CITY-ST-ZIP 385 HWY 98 E SUITE 60  
DESTIN FL 32541

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

V/T ☐ Change ☒ Addition  
BUSFIELD, DAVID A.  
385 Highway 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  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

V ☒ Change ☐ Addition  
CLAUSON, GREG  
385 Hwy. 98E, Ste. 60  
Destin, FL 32541

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BURKE, G  
CITY-ST-ZIP 385 HWY 98E, STE 60  
DESTIN LF 32541

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

3/25/99

(850) 654-6500

Date

Daytime Phone #

CR2E034 (11/98)