

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732498

**Entity Name:** COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1207 N HIMES AVE  
STE 3  
TAMPA, FL 33607**Current Mailing Address:**1207 N HIMES AVE  
STE 3  
TAMPA, FL 33607 US**FEI Number: 59-1778018****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNIQUE PROPERTY SERVICE, INC.  
1207 N HIMES AVE  
STE 3  
TAMPA, FL 33607 US*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**Officer/Director Detail :**

Title	TD
Name	JOHNSON, DAN
Address	5020 BAYSHORE #601
City-State-Zip:	TAMPA FL 33611

Title	D
Name	PLYLER, HARRIET
Address	5020 BAYSHORE BLVD., #501
City-State-Zip:	TAMPA FL 33611

Title	PD
Name	PETERSON, JOHN
Address	5020 BAYSHORE #301
City-State-Zip:	TAMPA FL 33611

Title	VPD
Name	VOSS, JAMES
Address	5020 BAYSHORE BLVD #401
City-State-Zip:	TAMPA FL 33611

Title	SD
Name	HUNT, MARY BETH
Address	5020 BAYSHORE BLVD., #603
City-State-Zip:	TAMPA FL 33611

Title	D
Name	D'AQUILLA, ANTHONY
Address	5020 BAYSHORE BLVD #202
City-State-Zip:	TAMPA FL 33611

Title	DIRECTOR
Name	KREWSON, MARGARIT
Address	5020 BAYSHORE BLVD. #403
City-State-Zip:	TAMPA FL 33611

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN PETERSON****PRESIDENT****04/15/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date