**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 26, 2014**
**Secretary of State**
**CC2480975514**

DOCUMENT# 738253

**Entity Name:** COMMODORE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT, LLC
1490 NE PINE ISLAND ROAD, BLDG 8-D
CAPE CORAL, FL 33909

**Current Mailing Address:**

PO BOX 1848
FT. MYERS, FL 33902 US

**FEI Number: 59-1868999**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILVERCRESTED MANAGEMENT, LLC
1490 NE PINE ISLAND ROAD
BDG 8-D
CAPE CORAL, FL 33909 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 | DIRECTOR |
| Name | HEEB, MAX |
| Address | 66 GREENFIELD AVE |
| City-State-Zip: | CHARLOTTETOWN PE CANADA C1A 3N7 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PALMIERI, JOHN |
| Address | 4211 SE 19TH PLACE, #2D |
| City-State-Zip: | CAPE CORAL FL 33904 |

| | |
|---|---|
| Title | P |
| Name | DISMUKES, JASON |
| Address | 14 WELLSFORD DRIVE |
| City-State-Zip: | GOSHEN CT 06756 |

| | |
|---|---|
| Title | S, TREASURER |
| Name | SCHICK, LILIAN |
| Address | 4213 SE 19TH PLACE #1 I |
| City-State-Zip: | CAPE CORAL FL 33904 |

| | |
|---|---|
| Title | VP |
| Name | TURCOTTE, CAROL |
| Address | 5412 W BRIDGE TR. |
| City-State-Zip: | COMMERCE MI 48382 |

*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: JASON DISMUKES PRESIDENT 02/26/2014

Electronic Signature of Signing Officer/Director Detail — Date