

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738253

Entity Name: COMMODORE I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL ASSOCIATION SERVICES, LLC
P.O. BOX 152930
CAPE CORAL, FL 33915**Current Mailing Address:**PO BOX 152930
CAPE CORAL, FL 33915 US**FEI Number:** 59-1868999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL ASSOCIATION SERVICES, LLC
1314 CAPE CORAL PKWY E
205
CAPE CORAL, FL 33904 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:** COASTAL ASSOCIATION SERVICES, LLC**04/08/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VISTISEN, KEITH ALLEN
Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915

Title	SECRETARY
Name	SCHICK, LILIAN
Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915

Title	TREASURER
Name	DANLEY, MICHAEL
Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915

Title	DIRECTOR
Name	DISMUKES, JASON
Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915

Title	DIRECTOR
Name	PALMIERI, JOHN
Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915

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: KEITH ALLEN VISTISEN**P****04/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date