2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05993

Entity Name: THE COMMODORE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4715 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

4715 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

FEI Number: 59-2502838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWNSEND, JOHN
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 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: JOHN TOWNSEND   01/20/2020

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TREASURER		Title	PRESIDENT
Name	MEADOR, DOUG		Name	WILLINGHAM, RAMONA
Address	4715 THOMAS DRIVE #709		Address	4448 ASHLAND ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32408		City-State-Zip:	PANAMA CITY FL 32408
Title	VP		Title	SECRETARY
Name	COX, BARBARA		Name	WALLS, LYNN S
Address	955 GOLF VIEW COURT		Address	4715 THOMAS DRIVE
City-State-Zip:	DACULA GA 30019		City-State-Zip:	PANAMA CITY BEACH FL 32408
Title	DIRECTOR		Title	DIRECTOR
Name	EPSTEIN, MONICA		Name	EZELL, GEORGETTE
Address	208 FAIRWAY BLVD.		Address	4715 THOMAS DRIVE UNIT 501
City-State-Zip:	PANAMA CITY BEACH FL 32408		City-State-Zip:	PANAMA CITY BEACH FL 32408
Title	DIRECTOR			
Name	ROBEL, BETH			
Address	200 BONIFAY DRIVE			
City-State-Zip:	SMYRNA TN 37167			

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: LYNN S WALLS   SECRETARY   01/20/2020

Electronic Signature of Signing Officer/Director Detail   Date