

2023 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

01/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WEATHERS, SHARON
Address 22471 TIMBERWOOD DR
City-State-Zip: MCCALLA AL 35111

Title PRESIDENT
Name NEWMAN, JOHN
Address 649 SEA TURTLE WAY
City-State-Zip: NEWPORT NEWS VA 23601

Title VP
Name EZELL, GEORGETTE
Address 4715 THOMAS DRIVE
 501
City-State-Zip: PANAMA CITY BEACH FL 32408

Title SECRETARY
Name FELDMAN, JOHN
Address 5900 FALCON WAY
City-State-Zip: GUILFORD IN 47022

Title DIRECTOR
Name PROTSMAN, RON
Address 4715 THOMAS DR.
 109
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name TKATCH, DAVID
Address 5591 GLEBE RD
City-State-Zip: WESTMORELAND NH 03467

Title DIRECTOR
Name BELL, MIKE
Address 1336 WOODMERE LN
City-State-Zip: OWENSBORO KY 42303

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: ROB BOYD**BOOKKEEPER**

01/10/2023

Electronic Signature of Signing Officer/Director Detail

Date