

2017 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:**HYDE, DEBBIE
4715 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 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 VP
Name DAVIS, LELAND
Address 4715 THOMAS DR. #1006
City-State-Zip: PANAMA CITY BEACH FL 32408

Title PRESIDENT
Name MEADOR, DOUG
Address 4715 THOMAS DRIVE #709
City-State-Zip: PANAMA CITY BEACH FL 32408

Title TREASURER
Name WILLINGHAM, RAMONA
Address 4448 ASHLAND ROAD
City-State-Zip: PANAMA CITY FL 32408

Title DIRECTOR
Name MILLER, TOM
Address 121 MOUNTAIN BREEZE ROAD
City-State-Zip: RAINBOW CITY AL 35906

Title DIRECTOR
Name VIGUE, PHYLLIS
Address 4715 THOMAS DRIVE
UNIT 210
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name COX, BARBARA
Address 955 GOLF VIEW COURT
City-State-Zip: DACULA GA 30019

Title SECRETARY
Name WALLS, LYNN S
Address 4715 THOMAS DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32408

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****01/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date