

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13145

Entity Name: THE COMMODORE SINGLES CLUB, INC.**Current Principal Place of Business:**3195 NE SAVANNAH ROAD
JENSEN BCH, FL 34984**Current Mailing Address:**PO BOX 873
STUART, FL 34995 US**FEI Number:** 59-2454052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSTON, BARBARA ANN
2950 SE OCEAN BLVD
STUART, FL 34996 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:** BARBARA JOHNSTONE

03/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSTON, BARBARA
Address 2950 SE OCEAN BLVD
City-State-Zip: STUART FL 34997

Title 1VP
Name BAGLIORE, ROSITA
Address 1534 SE ROYAL CIRCLE
 F 106
City-State-Zip: PORT ST LUCIE FL 34952

Title 2VP
Name ABELE, GLADYS
Address 460 TROPICAL ISLE CIR
 FORT PIERCE
City-State-Zip: JENSEN BEACH FL 34982

Title TREASURER
Name GREEN, ROBERT
Address 528 NE SAPPHIRE WAY
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name HINES, BILL
Address 9121 CHRISTIE DR
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CARA DONNA, ELAINE
Address 6775 DICKINSON TER.
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name EBBERSTEN, ROBERT
Address 238 NE SUNSHINE LANE
City-State-Zip: JENSEN BEACH FL 34957

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: ROBERT GREEN

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date