

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 010 ****61.25

DOCUMENT # N18833 1. Entity Name THE CALEDONIAN CLUB OF FLORIDA WEST, INC.					
Principal Place of Business P O BOX 19281 SARASOTA, FL 34276			Mailing Address P O BOX 19281 SARASOTA, FL 34276		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RON MACCARTNEY 2048 TIMUEVA TRL. NOKOMIS, FL 34275				7. Name and Address of New Registered Agent Name RON MACCARTNEY Street Address (P.O. Box Number is Not Acceptable) 2048 TIMUEVA City NOKOMIS FL Zip Code 34275	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOIR, SUSAN 5009 45TH ST W. BRADENTON, FL 34210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, CAROL 6034 CHAPORRAL AVE SARASOTA, FL 34243	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, PAULINE 328 SORRENTO ST., VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, KAREN 6246 WILLET CT BRADENTON, FL 34202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACARTNEY, RON 2048 TIMUCUA TRL NOKOMIS, FL 34275	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ALBERT 676 SPANISH DR N. LONGBOAT KEY, FL 34228	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WILLIAMS 8441 GARDENS CIRCLE #7 SARASOTA, FL 34243				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Ron MacCartney</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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07152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2822003
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required