

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

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



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2822003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTNEY, RON
2048 TIMUCUA
NOKOMIS, FL 34275

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOIR, SUSAN
STREET ADDRESS 5009 45TH ST W.
CITY-ST-ZIP BRADENTON, FL 34210

TITLE SD
NAME SANDERS, CAROL
STREET ADDRESS 6034 CHAPORRAL AVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D
NAME MITCHELL, PAULINE
STREET ADDRESS 328 SORRENTO ST.,
CITY-ST-ZIP VENICE, FL 34285

TITLE D
NAME OSBORNE, KAREN
STREET ADDRESS 6248 WILLET CT
CITY-ST-ZIP BRADENTON, FL 34202

TITLE TD
NAME MACARTNEY, RON
STREET ADDRESS 2048 TIMUCUA TRL
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME WILLIAMS, ED
STREET ADDRESS 8441 GARDENS CIRCLE #7
CITY-ST-ZIP SARASOTA, FL 34243

U000000857388
04/01/08-80002-009 61.25

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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:

Ron MacCartney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08
Date

941-480-1425
Daytime Phone #