

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18833

Entity Name: THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**Current Principal Place of Business:**4517 CHIMNEY CREEK DR.
SARASOTA, FL 34235**Current Mailing Address:**P O BOX 19281
SARASOTA, FL 34276 US**FEI Number: 59-2822003****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCILRAITH, ALLAN
4517 CHIMNEY CREEK DR.
SARASOTA, FL 34235 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:** ALLAN MCILRAITH

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name LAWS, DAVID
Address 3741 SURREY LANE
City-State-Zip: SARASOTA FL 34235

Title D
Name HURLEY, SIOUX
Address 607 COCONUT CREST
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name DAVID, CAROLINE
Address 5650 CORTINA LANE
City-State-Zip: PALMETTO FL 34221

Title TREASURER
Name KRADOSKA, ROBERT AL
Address 8216 SIMPSON FALLS CT
City-State-Zip: SARASOTA FL 34243

Title VP
Name BURTNER, SHONA
Address 4604 COUNTRY MANOR DRIVE
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR
Name STOLL, ELLIE
Address 4401 EDINBRIDGE CIRCLE
City-State-Zip: SARASOTA FL 34235

Title DIRECTOR
Name MERCURIO, LINDA
Address 5770 DEAR HOLLOW LANE, W
City-State-Zip: SARASOTA FL 34232

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 KRADOSKA

TREASURER

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date