

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18833

Entity Name: THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**Current Principal Place of Business:**4683 WILLOW WOOD CIRCLE.
SARASOTA, FL 34241**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:**KRADOSKA, ROBERT ALLEN SR
8216 SIMPSON FALLS CT.
SARASOTA, FL 34243 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: ROBERT A KRADOSKA****03/27/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALLACE, WILLIAM
Address 4683 WILLOW WOOD CIRCLE
City-State-Zip: SARASOTA FL 34241

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

Title SECRETARY
Name IVERSON, JANICE
Address 86 INLETS BLVD
City-State-Zip: NOKOMIS FL 34275

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

Title VP
Name BURTNER, SHONA
Address 6092 WILSHIRE BLVD
City-State-Zip: SARASOTA FL 34238

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

Title DIRECTOR
Name EDMONDS, MANNING
Address 4080 SOUTHERN MANOR COURT
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR
Name KEMP, DIANE
Address 4312 PRO AM AV EAST
City-State-Zip: BRADENTON FL 34203

Continues on page 2

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 A KRADOSKA**TREASURER****03/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TAYLOR, WALDA
Address	7669 FAIRWAY WOODS DR
City-State-Zip:	SARASOTA FL 34238