

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18833

**Entity Name:** THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**Current Principal Place of Business:**2375 ARUGULA DRIVE  
NORTH PORT, FL 34289**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:**WALKER, JEAN G  
3430 BEEKMAN PL  
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:** JEAN G WALKER

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCMAHON, MARY ELLEN  
Address        2375 ARUGULA DRIVE  
City-State-Zip: NORTH PORT FL 34289

Title            DIRECTOR  
Name            MCILRAITH, ALLAN  
Address        3435 FOX RUN RD #212  
City-State-Zip: SARASOTA FL 34231

Title            TREASURER  
Name            WALKER, JEAN G  
Address        3430 BEEKMAN PL  
City-State-Zip: SARASOTA FL 34235

Title            VP  
Name            MINER, PHILIP DR.  
Address        6913 RANCH RD  
City-State-Zip: SARASOTA FL 34243

Title            DIRECTOR  
Name            CAMPBELL, DONALD A  
Address        1215 S PORTOFINO DR #118  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            TONN, MARGARET  
Address        4452 OAK VIEW DRIVE  
City-State-Zip: SARASOTA FL 34232

Title            DIRECTOR  
Name            HAINES, RACHEL  
Address        442 MONTELLUNA DR  
City-State-Zip: NORTH VENICE FL 34275

Title            DIRECTOR  
Name            THOMPSON, MARY DR.  
Address        4041 LONGHORN DR  
City-State-Zip: SARASOTA FL 34233

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*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:** JEAN G WALKER**TREASURER**

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   SECRETARY  
Name                 SHAFFER, BARBARA  
Address             3300 BENEVA RD #213  
City-State-Zip:    SARASOTA FL 34232