

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18833 (6)

1. Corporation Name

THE CALEDONIAN CLUB OF FLORIDA WEST, INC.



Principal Place of Business

Mailing Address

P O BOX 19281
SARASOTA FL 34276P O BOX 19281
SARASOTA FL 34276-2281

3. Date Incorporated or Qualified

01/21/1987

3a. Date of Last Report

03/19/1996

4. FEI Number

59-2822003

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC ELMURRAY, JEANNE
1661 SUNRISE LANE
SARASOTA FL 34231

81 Name

JOSEPH A. BELL

82 Street Address (P.O. Box Number is Not Acceptable)

83 1729 CARIBBEAN DR

84 City

SARASOTA

FL

85 Zip Code
34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JOSEPH A. BELL, PRESIDENT

3-23-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MC ELMURRAY, JEANNE	
STREET ADDRESS	1661 SUNRISE LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TAMBINI, ANGIE	
STREET ADDRESS	5214 SUSAN	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, JOSEPH	
STREET ADDRESS	1729 CARIBBEAN DRIVE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WYCKOFF, MARION	
STREET ADDRESS	1802 LIESL DRIVE	
CITY - ST - ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD PRESIDENT, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH A. BELL	
1.3 STREET ADDRESS	1729 CARIBBEAN DR	
1.4 CITY - ST - ZIP	SARASOTA, FL 34231	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIANA JONES	
2.3 STREET ADDRESS	4174 LOS PALMAS WAY	
2.4 CITY - ST - ZIP	SARASOTA, FL 34238	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES BURNER	
3.3 STREET ADDRESS	8824 HAVENRIDGE DR	
3.4 CITY - ST - ZIP	SARASOTA, FL 34238	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATRICIA THOMAS	
5.3 STREET ADDRESS	936 S. DORAL LANE	
5.4 CITY - ST - ZIP	VENICE, FL 34293	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97

Date

941-346-3322

Daytime Phone # 0084104

CR2E037 (9/96)