

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18833

Entity Name: THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**Current Principal Place of Business:**2375 ARGULA DRIVE
NORTH PORT, FL 34289**Current Mailing Address:**P O BOX 19661
SARASOTA, FL 34276 US**FEI Number:** 59-2822003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, MARY J DR.
2410 BRITANNIA ROAD
SARASOTA, FL 34231 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:** MARY J THOMPSON

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name THOMPSON, MARY J DR.
Address 2410 BRITANNIA ROAD
City-State-Zip: SARASOTA FL 34231

Title VP
Name WARD, MICHAEL
Address 4015 14TH AVENUE WEST
City-State-Zip: BRADENTON FL 34205

Title SECRETARY
Name MCDONOUGH, GARY
Address 371 PADOVA WAY
City-State-Zip: NORTH VENICE FL 34275

Title PRESIDENT
Name MACINTIRE, FRANK
Address 2375 ARGULA DRIVE
City-State-Zip: NORTH PORT FL 34289

Title EMERITUS PRESIDENT
Name WALLACE, WILLIAM
Address 601 PETER BRYCE BLVD
 #204
City-State-Zip: TUSCALOOSA AL 35401

Title DIRECTOR
Name FAIR, BOB
Address 208 BRIENZA LOOP
City-State-Zip: NOKOMIS FL 34275

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

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

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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: DR. MARY J THOMPSON

TREASURER

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEBER, CHRISTOPHER
Address 258 MESTRE PLACE
City-State-Zip: NORTH VENICE FL 34275

Title DIRECTOR
Name WOLFE, MICHAEL DR.
Address 1022 BUTTERCUP LANE
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR
Name WEBER, JAN
Address 258 MESTRE PLACE
City-State-Zip: NORTH VENICE FL 34275

Title DIRECTOR
Name ERNST, FALYN
Address 5412 61ST ST. EAST
City-State-Zip: BRADENTON FL 34203