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Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 34276

P O BOX 19281
SARASOTA FL 34276

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Zip
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Zip

3. Date Incorporated or Qualified

01/21/1987

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 Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, JOSEPH A
1729 CARIBBEAN DR
SARASOTA FL 34231

DONALD OSBORNE
4283 SHIALA LANE
SARASOTA, FL 34235

81 Name

DONALD OSBORNE

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

4283 Shiala Lane

83

84 City

Sarasota,

FL

85 Zip Code

34235

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

Donald Osborne
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

6-9-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BELL, JOSEPH A	1729 CARIBBEAN DR	SARASOTA FL	<input checked="" type="checkbox"/>
VPD	JONES, DIANA	4174 LOS PALMAS WAY	SARASOTA FL	<input checked="" type="checkbox"/>
VPD	BURTNER, JAMES	8824 HAVENRIDGE DR	SARASOTA FL	<input checked="" type="checkbox"/>
SD	WYCKOFF, MARION	1802 LIESL DRIVE	VENICE FL	<input checked="" type="checkbox"/>
TD	THOMAS, PATRICIA	926 S DORAL LANE	VENICE FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Donald Osborne	4283 Shiala Lane	Sarasota, FL 34235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Terry Nguss	8366 Shadow Pine Way	Sarasota, FL 34238	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Daniel McNeil	2808 60th Ave.W. #1724	Bradenton, FL 34207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Helen Janssen	207 Rubens Dr. Apt.H	Nokomis FL 34275	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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

PATRICIA THOMAS

CR2E037 (10/97)