

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90063 013 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18833**

1. Corporation Name

**THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**

Principal Place of Business

P O BOX 19281  
SARASOTA FL 34276

Mailing Address

P O BOX 19281  
SARASOTA FL 34276



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

OSBORNE, DONALD  
4283 SHIALA LANE  
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME OSBORNE, DONALD  
STREET ADDRESS 4283 SHIALA LN  
CITY-ST-ZIP SARASOTA FL 34235

TITLE VPD ☐ DELETE  
NAME NEUSS, TERRY  
STREET ADDRESS 8366 SHADOW PINE WAY  
CITY-ST-ZIP SARASOTA FL 34238

TITLE VPD ☒ DELETE  
NAME MCNEIL, DANIEL  
STREET ADDRESS 2808 60TH AVE W 1724  
CITY-ST-ZIP BRADENTON FL 34207

TITLE SD ☐ DELETE  
NAME JANSSEN, HELEN  
STREET ADDRESS 207 RUBENS DR APT H  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE TD ☐ DELETE  
NAME THOMAS, PATRICIA  
STREET ADDRESS 926 S DORAL LANE  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME Kennady, James  
3.3 STREET ADDRESS 2615 Nodosa Dr.  
3.4 CITY-ST-ZIP Sarasota, FL 34242

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 941-493-145

CR2E037 (11/98)