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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726900 (4)

1. Corporation Name

COMMODORE CLUB WEST, INC.



Principal Place of Business

Mailing Address

155 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

155 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149-1459

3. Date Incorporated or Qualified

07/09/1973

3a. Date of Last Report

04/22/1996

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

4. FEI Number

59-1504497

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR.
SUITE 100
MIAMI FL 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAGGS, ROBERT L.
STREET ADDRESS 155 OCEAN LN DR #913
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE VD
NAME ORTIX, JAMES
STREET ADDRESS 155 OCEAN LN DR #204
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE TD
NAME HECHT, OTTO
STREET ADDRESS 155 OCEAN LANE DR #902
CITY-ST-ZIP KEY BISCAYNE FL 33149

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ANDES, VIVIAN
STREET ADDRESS 155 OCEAN LN DR #4200
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE SD
NAME POTANDVICH, JOYCE
STREET ADDRESS 155 OCEAN LN DR #507
CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE D
NAME UBING, ERIK
STREET ADDRESS 155 OCEAN LN DR #4200
CITY-ST-ZIP KEY BISCAYNE FL 33149

6.1 TITLE
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:

O. Hecht

O. HECHT

1/22/97

361-7316

CR2E037 (9/96)