


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726900					
1. Corporation Name COMMODORE CLUB WEST, INC.					
Principal Place of Business 155 OCEAN LANE DRIVE KEY BISCYANE FL 33149			Mailing Address 155 OCEAN LANE DRIVE KEY BISCYANE FL 33149		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/09/1973 4. FEI Number 59-1504497 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR. SUITE 100 MIAMI FL 33126			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME PD MAGGS, ROBERT L. STREET ADDRESS 155 OCEAN LN DR #913 CITY-ST-ZIP KEY BISCAVNE FL 33149			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD MAGGS, MARGUERITE 12 NAME 155 OCEAN LANE DR #913 13 STREET ADDRESS KEY BISCAVNE FL 33149 14 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME D ORTIZ, JAMES STREET ADDRESS 155 OCEAN LN DR #204 CITY-ST-ZIP KEY BISCAVNE FL 33149			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP RIVAS-VASQUEZ, ANA GLORIA 22 NAME 155 OCEAN LANE DR #806 23 STREET ADDRESS KEY BISCAVNE, FL 33149 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD HECHT, OTTO STREET ADDRESS 155 OCEAN LANE DR #902 CITY-ST-ZIP KEY BISCAVNE FL 33149			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME SD ANDES, VIVIAN STREET ADDRESS 155 OCEAN LN DR #113 A CITY-ST-ZIP KEY BISCAVNE FL 33149			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD SCHUMANN PETER 4.2 NAME 155 OCEAN LANE DR #1112 4.3 STREET ADDRESS KEY BISCAVNE FL 33149 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D MOREL, LOUISE STREET ADDRESS 155 OCEAN LANE DR. #1200 CITY-ST-ZIP KEY BISCAVNE FL 33149			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VD UBING, ERIK STREET ADDRESS 155 OCEAN LN DR #1203-1205 CITY-ST-ZIP KEY BISCAVNE FL 33149			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-361-7316

CR2E037 (11/98)