

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 726900

1. Entity Name
COMMODORE CLUB WEST, INC.



Principal Place of Business
155 OCEAN LANE DRIVE
KEY BISCVANE, FL 33149

Mailing Address
155 OCEAN LANE DRIVE
KEY BISCVANE, FL 33149



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1504497
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
SUITE 100
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
MCGILL, RICHARD
STREET ADDRESS
155 OCEAN LANE DR., #813/805
CITY-ST-ZIP
KEY BISCVANE, FL 33149

TITLE
NAME
P
RIVAS-VASQUEZ, ANN GLORIA
STREET ADDRESS
155 OCEAN LANE DR #806
CITY-ST-ZIP
KEY BISCVANE, FL 33149

TITLE
NAME
D
VARKAS, ALEXANDER D JR.
STREET ADDRESS
155 OCEAN LANE DR., #311
CITY-ST-ZIP
KEY BISCVANE, FL 33149

TITLE
NAME
T
MAGGS, MARQUERITE
STREET ADDRESS
155 OCEAN LANE DR #913
CITY-ST-ZIP
KEY BISCVANE, FL 33149

TITLE
NAME
S
SEGALLA, KAREN
STREET ADDRESS
155 OCEAN LANE DRIVE #609
CITY-ST-ZIP
KEY BISCVANE, FL 33149

TITLE
NAME
VP
GOMEZ DE CORDOVA, FREDDY
STREET ADDRESS
155 OCEAN LANE DR 211
CITY-ST-ZIP
KEY BISCVANE, FL 33149

000000604038
01/29/07-80036-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Gloria Rivas-Vasquez 1/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #