
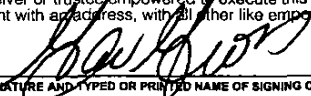


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90033 033 \*\*\*\*61.25

<b>DOCUMENT # 726900</b> 1. Entity Name <b>COMMODORE CLUB WEST, INC.</b>					
Principal Place of Business <b>155 OCEAN LANE DRIVE KEY BISCYANE, FL 33149</b>			Mailing Address <b>155 OCEAN LANE DRIVE KEY BISCYANE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07172008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1504497</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. 121 ALHAMBRA PLAZA SUITE 100 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, RICHARD <input checked="" type="checkbox"/> Delete 155 OCEAN LANE DR., #813/805 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS-VASQUEZ, ANN GLORIA <input type="checkbox"/> Delete 155 OCEAN LANE DR #806 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rivas-Vazquez, Ana Gloria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 Ocean Lane Dr. #1005 Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARKAS, ALEXANDER D JR. <input type="checkbox"/> Delete 155 OCEAN LANE DR., #311 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Varkas, Alexander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 Ocean Lane Dr. # 311 Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGGS, MARQUERITE <input checked="" type="checkbox"/> Delete 155 OCEAN LANE DR #913 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEGALLA, KAREN <input type="checkbox"/> Delete 155 OCEAN LANE DRIVE #609 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Segalla, Karen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 Ocean Lane Dr. # 609 Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ DE CORDOVA, FREDDY <input type="checkbox"/> Delete 155 OCEAN LANE DR 211 KEY BISCYANE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gomez de Cordova, Freddy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 Ocean Lane Dr. #211 Key Biscayne, FL 33149	
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.					
<b>SIGNATURE:</b> 			7/23/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					