2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 726900

Entity Name: COMMODORE CLUB WEST, INC.

Current Principal Place of Business:

155 OCEAN LANE DRIVE
KEY BISCYANE, FL 33149

New Principal Place of Business:

Current Mailing Address:

155 OCEAN LANE DRIVE
KEY BISCYANE, FL 33149

New Mailing Address:

FEI Number: 59-1504497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RIVAS-VASQUEZ, ANN GLORIA
Address: 155 OCEAN LANE DR #806
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete
Name: VARKAS, ALEXANDER D JR.
Address: 155 OCEAN LANE DR., #311
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T ( ) Delete
Name: SEGALLA, KAREN
Address: 155 OCEAN LANE DRIVE #609
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P ( ) Delete
Name: GOMEZ DE CORDOVA, FREDDY
Address: 155 OCEAN LANE DR 211
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: VARKAS, ALEXANDER D JR.
Address: 155 OCEAN LANE DR., #311
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S (X) Change ( ) Addition
Name: SEGALLA, KAREN
Address: 155 OCEAN LANE DRIVE #609
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SCHUMANN, PETER
Address: 155 OCEAN LANE DR #1112
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDY GOMEZ DE CORDOVA P 04/02/2009

Electronic Signature of Signing Officer or Director — Date