

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726900

Entity Name: COMMODORE CLUB WEST, INC.**Current Principal Place of Business:**155 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149**Current Mailing Address:**155 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149**FEI Number:** 59-1504497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
SUITE 100
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	TREASURER
Name	SCHUMANN, PETER K
Address	155 OCEAN LANE DR #1112/1114
City-State-Zip:	KEY BISCAYNE FL 33149

Title	PRESIDENT
Name	SAUER, DIETER DR.
Address	155 OCEAN LANE DR., #1109
City-State-Zip:	KEY BISCAYNE FL 33149

Title	SECRETARY
Name	CRANE, STEPHEN V
Address	155 OCEAN LANE DR #704
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIRECTOR
Name	QUEVEDO, ADELENA
Address	155 OCEAN LANE DR #410/412
City-State-Zip:	KEY BISCAYNE FL 33149

Title	VP
Name	VELOSA, EDUARDO
Address	155 OCEAN LANE DR. #101
City-State-Zip:	KEY BISCAYNE FL 33149

I hereby 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 all other like empowered.

SIGNATURE: DR. DIETER SAUER**PRESIDENT****03/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date