# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **682679** **(6)**

1. Corporation Name

**CLUB WEST, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % T.D. FENDER<br>1321 PARTRIDGE PLACE. N.<br>BOYNTON BEACH FL 33436 | % T.D. FENDER<br>1321 PARTRIDGE PLACE. N.<br>BOYNTON BEACH FL 33436 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2900 High Ridge Road | 26 2900 High Ridge Road |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Boynton Beach, FL | City & State 28 Boynton Beach, FL |
| Zip 24 33436 Country 25 U.S.A. | Zip 29 33436 Country 30 U.S.A. |

3. Date Incorporated or Qualified: **09/16/1980**

3a. Date of Last Report: **06/12/1995**

4. FEI Number: **59-2032337** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FENDER, KIM E**
**1321 PARTRIDGE PL. N**
**BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name: Fender, Kim E.
82 Street Address (P.O. Box Numbers Is Not Acceptable): 2900 High Ridge Road
83
84 City: Boynton Beach FL 85 Zip Code: 33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature Required for Filing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>FENDER, T. D.<br>1321 PARTRIDGE PLACE, N.<br>BOYNTON BEACH FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DPT<br>Fender, T.D.<br>2900 High Ridge Road<br>Boynton Beach, FL 33436 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FENDER, KIM<br>1321 PARTRIDGE PLACE, N.<br>BOYNTON BEACH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S<br>Fender, Kim E.<br>2900 High Ridge Road<br>Boynton Beach, FL 33436 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** T D Fender 4-11-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)