

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90097 043 ***150.00

DOCUMENT # 682679

1. Corporation Name
CLUB WEST, INC.

Principal Place of Business
2900 HIGH RIDGE ROAD
BOYNTON BCH FL 33426
US

Mailing Address
2900 HIGH RIDGE ROAD
BOYNTON BCH FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1980

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1321 PARTRIDGE PL. NO.

26 1321 PARTRIDGE PL. NO.

Suite, Apt. #, etc.
22 BOYNTON BEACH FL

Suite, Apt. #, etc.
27 BOYNTON BEACH FL

City & State
23 33436 USA

City & State
28 33436 USA

Zip Country
24 25

Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENDER, KIM E
2900 HIGH RIDGE ROAD
BOYNTON BCH FL 33426

81 Name T. D. FENDER

82 Street Address (P.O. Box Number is Not Acceptable)
1321 PARTRIDGE PL. NO.

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME FENDER, T. D.
STREET ADDRESS 1321 PARTRIDGE PLACE, N.
CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME FENDER, KIM
STREET ADDRESS 1321 PARTRIDGE PLACE, N.
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME FENDER, MARCUS C
STREET ADDRESS 2900 HIGH RIDGE RD.
CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.99 561-731-5036
Date Daytime Phone #

CR2E034 (11/98)