



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **15/04/2016**

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Company Name: **16 ST. CLEMANTS ROAD (BOURNEMOUTH) RTM COMPANY LIMITED**

Company Number: **05077449**

Date of this return: **15/04/2016**

SIC codes: **68209**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **FLAT 5 16 ST. CLEMENTS ROAD
BOURNEMOUTH
ENGLAND
BH1 4DZ**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR MICHAEL**

Surname: **LYNE**

Former names:

Service Address: **16 FLAT 5
16 ST CLEMENTS ROAD
BOURNEMOUTH
DORSET
ENGLAND
BH1 4DZ**

Company Director **1**

Type: **Person**
Full forename(s): **MS HELGA**

Surname: **BRANDT**

Former names:

Service Address: **16 ST CLEMENT ROAD FLAT 5**
 ST CLEMENTS ROAD
 BOURNEMOUTH
 DORSET
 ENGLAND
 BH1 4DZ

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/07/1966** *Nationality:* **GERMAN**
Occupation: **MARKETING & DEVELOPMENT**

Company Director 2

Type: **Person**
Full forename(s): **MR PHILIP**

Surname: **GIDDINGS**

Former names:

Service Address: **FLAT 4 16 ST CLEMANTS ROAD
BOSCOMBE
BOURNEMOUTH
BH1 4DZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/02/1961** *Nationality:* **BRITISH**
Occupation: **TAXI DRIVER**

Company Director **3**

Type: **Person**
Full forename(s): **MS JACQUELINE**

Surname: **OLIVA**

Former names:

Service Address: **FLAT 2 16 ST. CLEMENTS ROAD**
 BOURNEMOUTH
 ENGLAND
 BH1 4DZ

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/02/1959** *Nationality:* **BRITISH**
Occupation: **LEAD MENTAL HEALTH &**
 WELLBEING PRACTITIONER

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.