



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **11/04/2016**

X54ODSOZ

Company Name: **CAITHNESS MENTAL HEALTH SUPPORT GROUP**

Company Number: **SC137443**

Date of this return: **30/03/2016**

SIC codes: **86900**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **THE HAVEN
BANKHEAD ROAD
WICK
CAITHNESS
KW1 5LB**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **ELIZABETH CATHERINE**

Surname: **MACDONALD**

Former names: **MACKINTOSH**

Service Address: **BERIGOE
GLENGOLLY
THURSO
CAITHNESS
KW14 7XD**

Company Director **1**

Type: **Person**

Full forename(s): **MRS ELAINE KATHERINE**

Surname: **CAMERON**

Former names:

Service Address: **THE STEPPING STONES RIVERSIDE
THURSO
CAITHNESS
SCOTLAND
KW14 8BU**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/03/1972**

Nationality: **BRITISH**

Occupation: **COUNSELLOR**

Company Director **2**

Type: **Person**
Full forename(s): **ELIZABETH CATHERINE**

Surname: **MACDONALD**

Former names: **MACKINTOSH**

Service Address: **BERIGOE
GLENGOLLY
THURSO
CAITHNESS
KW14 7XD**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/09/1944** *Nationality:* **SCOTTISH**

Occupation: **SHOP OWNER**

Company Director **3**

Type: **Person**
Full forename(s): **MS SANDRA CLARE**

Surname: **MCCAUGHEY**

Former names: **HEDDLE**

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/12/1963** *Nationality:* **SCOTTISH**

Occupation: **BUSINESS EXECUTIVE**

Company Director **4**

Type: **Person**
Full forename(s): **MR MATTHEW WILLOUGHBY**

Surname: **REISS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/08/1961** *Nationality:* **ENGLISH**

Occupation: **COUNCILLOR**

Company Director **5**

Type: **Person**

Full forename(s): **MRS LINDA MAY**

Surname: **SINCLAIR**

Former names:

Service Address: **STRATHVIEW
BANKS ROAD, WATTEN
WICK
CAITHNESS
KW1 5YL**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/05/1953**

Nationality: **BRITISH**

Occupation: **SENIOR NURSE**

Authorisation

Authenticated

This form was authorised by one of the following:

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