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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 705101 (4)

1. Corporation Name

COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

513 SCHOONER LN
P.O. BOX 8112
LONGBOAT KEY FL 34228

513 SCHOONER LN
P.O. BOX 8112
LONGBOAT KEY FL 34228-8112

3. Date Incorporated or Qualified
01/24/1963

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
23-7372818

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

10. Name and Address of New Registered Agent

CAMPBELL, JAMES
513 SCHOONER LANE
LONG BOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ~~POD~~ ☐ DELETE
NAME LORRAINE BALL
STREET ADDRESS 572 SCHOONER LN
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE TD ☐ DELETE
NAME CAMPBELL, JAMES
STREET ADDRESS 513 SCHOONER
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE D ☒ DELETE
NAME SONIA COLE
STREET ADDRESS 585 CUTTER LN
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE ~~SPD~~ ☐ DELETE
NAME WINTERS, BARBARA W.
STREET ADDRESS 537 SCHOONER LANE
CITY-ST-ZIP LONG BOAT KEY FL

TITLE D ☐ DELETE
NAME MR RICHARD DAVIS
STREET ADDRESS 525 KETCH LN
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☒ DELETE
NAME DEXTER SCHULZINSKY
STREET ADDRESS 513 YAWL LN
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE DS
1.2 NAME MARY LOWERY
1.3 STREET ADDRESS 501 SCHOONER LANE
1.4 CITY-ST-ZIP Longboat Key FL 34228

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

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

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

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

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

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)