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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705101 (4)
1. Corporation Name
COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business 513 SCHOONER LN P.O. BOX 8112 LONGBOAT KEY FL 34228	Mailing Address 513 SCHOONER LN P.O. BOX 8112 LONGBOAT KEY FL 34228
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21 Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3 Date Incorporated or Qualified 01/24/1963
4 FEI Number 23-7372818
5 Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7 Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CAMPBELL, JAMES
513 SCHOONER LANE
LONG BOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☒ 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	DS	☐ DELETE
NAME	LOWERY, MARY	
STREET ADDRESS	501 SCHOONER LN	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	PD	☐ 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 BARBARA McDonald	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JANE SAWYER SVP	☐ Change ☒ Addition
1.2 NAME	500 YAWF LANE	
1.3 STREET ADDRESS	Longboat Key, FL 34228	
1.4 CITY-ST-ZIP		
2.1 TITLE	BARBARA McDonald	☐ Change ☒ Addition
2.2 NAME	576 CUTLER LN	
2.3 STREET ADDRESS	Longboat Key, FL 34228	
2.4 CITY-ST-ZIP		
3.1 TITLE	ALAN Quimby	☐ Change ☒ Addition
3.2 NAME	525 CUTLER	
3.3 STREET ADDRESS	Longboat Key 34228	
3.4 CITY-ST-ZIP		
4.1 TITLE	Jesus PATAlinghug	☐ Change ☒ Addition
4.2 NAME	560 Schooner Lane	
4.3 STREET ADDRESS	Longboat Key FL 34228	
4.4 CITY-ST-ZIP		
5.1 TITLE	Jules KANTER	☐ Change ☒ Addition
5.2 NAME	513 Ketch Ln.	
5.3 STREET ADDRESS	Longboat Key FL 34228	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James C. Campbell* 2/25/98

CR2E037 (10/97)