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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 705101

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/24/1963

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

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

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

TITLE **EXP DIRECTOR** ☐ DELETE

NAME SAWYER, J
STREET ADDRESS 500 YOU LN
CITY-ST-ZIP LONGBOAT KEY, FL 00000 34228

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 **DIRECTOR** ☐ DELETE

NAME **JULES KANTER**
STREET ADDRESS **513 KETCH LANE**
CITY-ST-ZIP **LONGBOAT KEY FLORIDA 34228**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME KENT PETERSON
1.3 STREET ADDRESS 561 CUTTER LANE
1.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

2.1 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition

2.2 NAME CHRISTINE WINCHESTER
2.3 STREET ADDRESS 560 CUTTER LANE
2.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition

3.2 NAME AALINE SPINO
3.3 STREET ADDRESS 608 CUTTER LANE
3.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME ROBERT BOLLA
4.3 STREET ADDRESS 512 SCHOONER LANE
4.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME ALAN ROSE
5.3 STREET ADDRESS 548 SCHOONER LANE
5.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME JULES KANTER
6.3 STREET ADDRESS 513 KETCH LANE
6.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/15/99 941-383 2552

Date

Daytime Phone #

CR2F037 (11/98)