2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 705101

Entity Name: COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

513 SCHOONER LN
LONGBOAT KEY, FL 34228

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7372818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JAMES
513 SCHOONER LANE
LONG BOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	COFFIN, GARY	
Address:	501 KERCH LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	TD	( ) Delete
Name:	CAMPBELL, JAMES,	
Address:	513 SCHOONER	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	S	(X) Delete
Name:	SOLMON, BILL & CAROL	
Address:	500 CUTTER LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	BOLLA, MARY BETH	
Address:	512 SCHOONER LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	COHEN, SANDY	
Address:	513 YAWL LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	P	( ) Delete
Name:	ELLIOT, MYRON DR	
Address:	585 CUTTER LANE	
City-St-Zip:	LONGBOAT KEY, FL 34228	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	MOCCIA, JOE M	
Address:	536 KETCHLN	
City-St-Zip:	LONGBOAT KEY, FL 34228	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CAMPBELL TD 04/25/2007

Electronic Signature of Signing Officer or Director — Date