

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705101

FILED
Apr 27, 2009
Secretary of State

Entity Name: COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

513 SCHOONER LN
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

513 SCHOONER LN
LONGBOAT KEY, FL 34228

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: 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: MOCCIA, JOE M
Address: 536 KETCHLN
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:

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 C. CAMPBELL TRES

DIR

04/27/2009

Electronic Signature of Signing Officer or Director

Date