

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90100 001 ****61.25

DOCUMENT # 705101

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7372818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James C. Campbell **James C. Campbell**

4/10/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SAWYER, J**
STREET ADDRESS **500 YOU LN**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☒ Addition
NAME **Barbara Winters**
STREET ADDRESS **532 Schooner LN**
CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **TD** ☐ Delete
NAME **CAMPBELL, JAMES**
STREET ADDRESS **513 SCHOONER**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SPINO, AALLINE**
STREET ADDRESS **608 CUTTER LANE**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOLLA, ROBERT**
STREET ADDRESS **512 SCHOONER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROSE, ALAN**
STREET ADDRESS **548 SCHOONER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ELLIOT, MYRON DR**
STREET ADDRESS **585 CUTTER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James C. Campbell **James C. Campbell** **4/10/03**

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CR2E037 (10/02)