

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705101

FILED  
May 11, 2006  
Secretary of State

**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:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: D ( ) 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 ( ) 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: P (X) Change ( ) Addition  
Name: COFFIN, GARY  
Address: 501 KERCH LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

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 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

D

05/11/2006

Electronic Signature of Signing Officer or Director

Date