

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705101**

1. Entity Name  
**COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**513 SCHOONER LN  
LONGBOAT KEY, FL 34228**

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



04132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000911915  
05/07/08-80059-012 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
COFFIN, GARY  
501 KERCH LANE  
LONGBOAT KEY, FL 34228**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOLLA, MARY BETH  
512 SCHOONER LANE  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COHEN, SANDY  
513 YAWL LANE  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MOCCIA, JOE M  
536 KETCHLN  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

**4/10/08**

Date

Daytime Phone #

**941-383-2587**