

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90212 028 ****70.00

DOCUMENT # 710764 1. Entity Name THE COUNTRY CLUB SHORES ASSOCIATION, UNIT 5, INC			
Principal Place of Business 540 WEDGE LANE LONGBOAT KEY, FL 34228 US		Mailing Address PO BOX 8165 LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business - No P.O. Box # 571 PUTTER LN		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LONGBOAT KEY FL		City & State 	
Zip 34228		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALADINO, RICHARD 540 WEDGE LANE LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name LEE POROK Street Address (P.O. Box Number is Not Acceptable) 571 PUTTER LN City LONGBOAT KEY FL Zip Code 34228	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 4/23/07 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PALADINO, RICHARD 540 WEDGE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE POROK 571 PUTTER LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, WILLIAM 570 WEDGE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NANCY CORNUKE 511 BIRDIE LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAR, DAVE 520 CHIPPING LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP STEVE KOZIAK 510 PUTTER LN LONGBOAT KEY FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINNAN, PATRICIA 1150 BOGEY LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART CLOUD 561 PUTTER LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFMAN, JUDITH 591 PUTTING GREEN LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRV DENNEN 1111 BOGEY LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DON 551 WEDGE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNIE PARKER 520 PUTTER LN LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:		STEWART CLOUD	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 941 383-0246 <small>Daytime Phone #</small>	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DIRECTORS
CONTINUED

ATTACHMENT

40083647

DOCUMENT # 710764

1. Entity Name
THE COUNTRY CLUB SHORES ASSOCIATION, UNIT 5,
INC



Principal Place of Business
540 WEDGE LANE
LONGBOAT KEY, FL 34228 US

Mailing Address
PO BOX 8165
LONGBOAT KEY, FL 34228 US

2. Principal Place of Business - No P.O. Box #
571 PUTTER LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
LONGBOAT KEY, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
34228

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALADINO, RICHARD
540 WEDGE LANE
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
LEE POKOIK

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

571 PUTTER LN

City
LONGBOAT KEY

FL

Zip Code
34228

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 reinstating)

4/23/07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE PD ☒ Delete
NAME PALADINO, RICHARD
STREET ADDRESS 540 WEDGE LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☒ Delete
NAME BUCKNER, WILLIAM
STREET ADDRESS 570 WEDGE LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☒ Delete
NAME SCHAR, DAVE
STREET ADDRESS 520 CHIPPING LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE VD ☒ Delete
NAME FINNAN, PATRICIA
STREET ADDRESS 1150 BOGEY LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☐ Delete
NAME GOFMAN, JUDITH
STREET ADDRESS 591 PUTTING GREEN LN
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☒ Delete
NAME SMITH, DON
STREET ADDRESS 551 WEDGE LANE
CITY-ST-ZIP LONGBOAT KEY, FL 34228

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME JOYCE TAYLOR
STREET ADDRESS 1200 BOGEY LN
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE D ☐ Change ☒ Addition
NAME PATTY WRIGHTSON
STREET ADDRESS 530 WEDGE LN
CITY-ST-ZIP LONGBOAT KEY, FL 34228

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

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

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

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 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: Stewart Cloud STEWART CLOUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 383-0246