2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT #710764** 04-26-2007 90212 028 ****70.00 THE COUNTRY CLUB SHORES ASSOCIATION, UNIT 5, Principal Place of Business Mailing Address 4008204. PO BOX 8165 540 WEDGE LANE LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 571 PUTTER LN Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number NOT APPLICABLE Applied For LONGBOAT KEY Not Applicable Country Ćountre q۳ \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE POROIK PALADINO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 540 WEDGE LANE LONGBOAT KEY, FL 34228 571 PUTTER LA LONGBOAT FEY 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 (NOTE: Recistered Agent arangure required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE **Addition** TITLE Delete LEE POROIK PALADINO, RICHARD NAULE NAME 571 PUTTER LA 540 WEDGE LANE STREET ADDRESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP Delete NANCY CORNUKE 511 BIRDIE LA BUCKNER, WILLIAM NAME NAME: 570 WEDGE LANE STREET ADORESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-7P Delete ПΠЕ Change **F**Addition ППΕ STEVE KOZIAK SCHAR, DAVE NAME NAME 510 PUTTER LN STREET ADDRESS **520 CHIPPING LANE** STREET ADDRESS LONGBOAT KAY FL 34228 LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change **∑**Addition STEWART CLOUD FINNAN, PATRICIA NAME NAME 501 PUTTER LA STREET ADDRESS 1150 BOGEY LANE STREET ADDRESS 34228 LONGBOAT HEY, FL CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP Oelete TITLE ☐ Change **S**Addition TITLE PRV DENNEN GOFMAN, JUDITH NAME IIII BOGEY LA STREET ADDRESS 591 PUTTING GREEN LN STREET ADDRESS LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition STREET ADDRESS DO I WELDGE LANE LONGBOAT KEY, FL 34228 STREET ADDRESS SON ATTE PARKEYL SON ATTE P CONNIE PARKER

STEWART QUOUD

G OFFICER OR DIRECTOR

TE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED

941383-0246

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 710764						CONTINUED				
THE COUNTRY CLUB SHORES ASSOCIATION, UNIT 5, INC						ATTABLICATION				
Principal Place of Business 540 WEDGE LANE LONGBOAT KEY, FL 34228 US		Mailing Address PO BOX 8165 LONGBOAT KEY, FL 34228 US			ATTACHMENT 40083647					
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			01042007 Ci	hg-NP C	CR2E037 (12/06)			
City & State LONG	BOAT KRY, FL	City & State				4. FEI Number Applied For NOT APPLICABLE Not Applicable				
34228 Country USA		Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
	6. Name and Address of Current	Registered Agent		Name				stered Agent		
PALADINO, RICHARD					LEE POKOLK					
540 WEDG	•			Street Address (P.O. Box Number is Not Acceptable)						
			57/			PUTTER LN				
					57/ PUTTER LN City LONGBOAT KEY FL ZingCopp 22 &					
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 obligat	ions of registered agent.	_						./ ,		
SIGNATURE Signature: typed or privated name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign I Trust Fund Contribu						\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DI		11.		r	ADDITIONS/CHANG	ES TO OFFICERS			
TITLE	PD PALADINO, RICHARD	Delete	Delete TIT		D_{α}	n = THUI	00	☐ Change	Addition	
STREET ADORESS	540 WEDGE LANE			EET ADDRESS	120	YCE TAYLOR DO BOGEY LN				
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		cmy	r-st-zip	201	16-130AT	KEY, FL	. 34228		
TITLE	D	∑ Delete	TITL	.E	ומו			☐ Change	⊅ Addition	
NAME.	BUCKNER, WILLIAM		NAV		PA	TTY WRIGO WEDGE	EMISON			
STREET ADDRESS CITY-ST-ZIP	570 WEDGE LANE LONGBOAT KEY, FL 34228			eet address (+ST+ZIP	1200	16BOAT	tien en	34228		
TITLE	D	Delete	Ti II			CIJURI I	74-77	Change	Addition	
NAME	SCHAR, DAVE	E Dukiy	NAM						_	
STREET ADORESS	520 CHIPPING LANE			EET ADDRESS						
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	FF 6.1		r-ST-ZIP				☐ Change	Addition	
NAME	FINNAN, PATRICIA	Delete	TITL NAA					change	[_] radiiloii	
STREET ADORESS	1150 BOGEY LANE		STR	EET ADDRESS						
CITY+ST-ZIP	LONGBOAT KEY, FL 34228			Y-ST-ZIP	ļ		·			
RTLE NAME	I D Gofman, Judith	☐ Defete	ITIT Aan					Change	Addition	
STREET ADDRESS	591 PUTTING GREEN LN			ret address						
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CIT	Y-ST-ZIP	<u> </u>					
TITLE	D	⊠ Delete						☐ Change	Addition	
NAME STREET ADDRESS	SMITH, DON 551 WEDGE LANE		NAA STR	NE Reet address						
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			Y-ST-ZIP						
12. I hereby	certify that the information supplied wit	h this filing does not qua	alify for the ex	emptions o	contained	d in Chapter 119, Fk	orida Statutes. I fur	ther 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: STISWART QLO JI) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										
,	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING O	FFICER OR DIREC	TOR			Date	Daytime Phone i	•	

PIRECTORS