

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710764

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE COUNTRY CLUB SHORES ASSOCIATION, UNIT 5, INC

Current Principal Place of Business:

571 PUTTER LN
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8165
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POKOIK, LEE
571 PUTTER LN
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: POKOIK, LEE
Address: 571 PUTTER LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD () Delete
Name: CORNUKE, NANCY
Address: 511 BIRDIE LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: KOZIAK, STEVE
Address: 510 PUTTER LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: CLOUD, STEWART
Address: 501 PUTTER LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: GOFMAN, JUDITH
Address: 591 PUTTING GREEN LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: PARKER, CONNIE
Address: 520 PUTTER LN
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVE KOZIAK

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date