

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712844** (0)
1. Corporation Name
UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.



Principal Place of Business: **524 SPINNAKER LANE LONGBOAT KEY FL 34228 US**
Mailing Address: **524 SPINNAKER LANE LONGBOAT KEY FL 34228 US**

3. Date Incorporated or Qualified: **05/31/1967**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1232084**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SIGMUND, MARDI C. 524 SPINNAKER LANE LONGBOAT KEY FL 34228**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: SIGMUND, MARDI STREET ADDRESS: 524 SPINNAKER LONGBOAT KEY FL CITY-ST-ZIP: LONGBOAT KEY FL	1.1 TITLE: Secretary	1.2 NAME: Elaine Rose 1.3 STREET ADDRESS: 512 Gunwale Lane 1.4 CITY-ST-ZIP: Longboat Key, FL 34228
TITLE: SD	NAME: NEUMANN, KATHLEEN STREET ADDRESS: 585 GUNWALE LONGBOAT KEY, FL 00000	2.1 TITLE: VP	2.2 NAME: Bill Steele 2.3 STREET ADDRESS: 560 Gunwale Lane 2.4 CITY-ST-ZIP: Longboat Key, FL 34228
TITLE: PD	NAME: ROSENTHAL, JERRY STREET ADDRESS: 548 SPINNAKER LONGBOAT KEY FL	3.1 TITLE: VP	3.2 NAME: Bill Steele 3.3 STREET ADDRESS: 560 Gunwale Lane 3.4 CITY-ST-ZIP: Longboat Key, FL 34228
TITLE: PD	NAME: BERNAS, JERRY STREET ADDRESS: 549 GUNWALE LONGBOAT KEY FL	4.1 TITLE:	4.2 NAME:
TITLE: VD	NAME: ROEBLING, RIP STREET ADDRESS: 501 HORNBLOWER LONGBOAT KEY FL	5.1 TITLE:	5.2 NAME:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
TITLE:	NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mardi Sigmund MARDI SIGMUND 3/10/96 941/383-6824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)