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 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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 Mailing Address
 524 SPINNAKER LANE LONGBOAT KEY FL 34228 US
 524 SPINNAKER LANE LONGBOAT KEY FL 34228-3732 US

3. Date Incorporated or Qualified 05/31/1967
 3a. Date of Last Report 05/01/1996

| | | |
|--|--|---|
| 2. Principal Place of Business 21 513 OUTRIGGER LN Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 8044 Suite, Apt. #, etc. | 4. FEI Number 59-1232084 Applied For Not Applicable |
| 22 City & State 23 Longboat Key Fl. 34228 | 27 City & State 28 Longboat Key, Fl. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 34228 Country US | 29 34228 Country US. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|------------------|--|-------|
| 9. Name and Address of Current Registered Agent SIGMUND, MARGY C. 524 SPINNAKER LANE LONGBOAT KEY FL 34228 | | 10. Name and Address of New Registered Agent | |
| 81 Name | GILBERT, MARGE | | |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | 513 OUTRIGGER LN | | |
| 83 | | | |
| 84 City | Longboat Key | 85 State | FL |
| | | 86 Zip Code | 34228 |

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: Margorie G. Gilbert DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | TD | 1.1 TITLE | GILBERT, MARGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIGMUND, MARGY | 1.2 NAME | 513 OUTRIGGER LN |
| STREET ADDRESS | 524 SPINNAKER | 1.3 STREET ADDRESS | LONGBOAT KEY, FL 34228 |
| CITY-ST-ZIP | LONGBOAT KEY FL | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, ELAINE | 2.2 NAME | 512 GUNWALE LANE |
| STREET ADDRESS | 512 GUNWALE LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | Vice Pres/D |
| NAME | ROSENTHAL, JERRY | 3.2 NAME | BERNAS, JERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 548 SPINNAKER | 3.3 STREET ADDRESS | 549 GUNWALE LN. |
| CITY-ST-ZIP | LONGBOAT KEY FL | 3.4 CITY-ST-ZIP | Longboat Key, Fl. 34228 |
| TITLE | PRES | 4.1 TITLE | PRESIDENT/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEELE, BILL | 4.2 NAME | |
| STREET ADDRESS | 560 GUNWALE LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elaine K. Rose SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/27/97. 741-383-2458
 Daytime Phone # 0062667

CR2E037 (9/96)