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98 GCT 23 AM 9: 51

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORÂTION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 710844

101

1. Corporation Name							-			
UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.							SECRETARY	OF STATE		
UNIT STUDINTITY CLUB SHURES ASSOCIATION, INC.										
Principal Pl	ace of Business	3	Ma	iling Address				A COMPLET IN SOME STATE OF THE	#10 0181; 010 010 145	
513 OUTRIGGER LANE P.O. BOX 8044								3. Date Incorporated or Qualified		
LONGBOAT KEY FL 34228				LONGBOAT KEY FL 34228				05/31/1967		
US			US	US				4. FEI Number	Applied For	
								59-1232084	Not Applicable	
2. Principal Place of Business			2a.	2a. Mailing Address					\$8.75 Additional	
21			26					5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be	
22 City & State				City & State				Trust Fund Contribution	Added to Fees	
23	rate		─	28					Association?	
Zip		Country		Zip	Coun	try		8. This corporation owes or has paid the curre	nt year I <u>ntang</u> ible	
24		25	29		30				Yes X No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									gent	
					l'	81 Name FRANK FRASIER				
	, MARGE	-			Γ	32 Street	Addres	Address (P.O. Box Number is Not Acceptable)		
	TRIGGER LAN DAT KEY FL 3	-				33	2 OC	4 HOOL BLOWER ST.		
LONGE	PAINEIFES	4220								
						City L	on G	BOAT KEY, FL	85 Zip Code 3 4 2 2 2	
44.5	t to the povisio	ns of sections 617.050	12 and 617.	1508, Florida Statutes	, the above	unamed co	maratic	in cultimite this etatement for the number of change	jing its registered	
71. Pursuar	received age	nt or both in the Star	of Etarida	Cuch change use of	thodred b	the come	mation's	board of directors. I becally account the appointment		
office or agent. I	registered age am familiar with	nt, or both, in the State n, and accept the only	e of Florida. rations of, e	. Such change was at section 617.0503, Flor	ithorized b ida Statute	/ the corpo s.	ration's	board of directors. I hereby accept the appointment	ent as registered	
office or agent. I SIGNATUR	registered ager am familiar with	nt, or both, in the State n, and accept the only	e of Florida. Pations of, e	. Such change was at section 617.0503, Flor FRANK	ithorized by ida Statute FRAS	/ the corpo s. /GC / ?	ration's TRA	Success 9/15/98	ent as registered	
office or agent. I SIGNATUR	registered ager am familiar with	nt, or both, in the State, and occept the onlight printed name of registered ag	e of Florida. rations of, s Lagrand gent and title if s	. Such change was au section 617.0503, Flor FRANK applicable. (NO	ithorized by ida Statute FKAS OTE: Registered	/ the corpo s. /GC / ?	ration's TRA	board of directors. I hereby accept the appointment of the second of the		
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Office or agent. I SIGNATUR 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, I SI	MARGE GGER LANE T KEY FL WINE WERRY VALE LANE T KEY FL WALE LANE T KEY FL	e of Florida. rations of, s Lagrand gent and title if s	Such change was all ejection 617.0503, Flor FRANK applicable. (NC CTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITL 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITL 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITL 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITL 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITL 5.3 STR 5.4 CITL 5.4 CITL 5.5 NAA 5.3 STR 5.4 CITL 5.5 NAA 5.3 STR 5.4 CITL 5.5 TITL 5.5 NAA 5.5 STR 5.4 CITL 5.5 TITL 5.5 NAA 5.5 STR 5.4 CITL 5.5 TITL 5.5 TITL 5.5 NAA 5.5 STR 5.4 CITL 5.5 TITL 5.5	Agent signature E SET ADDRESS ST-ZIP E SET ADDRESS	PRIME STU STU SAL LON SECRIT	Doard of directors. I hereby accept the appointment of the property of the pro	DIRECTORS IN 12 Change Addition	

14. I 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 suppliemental 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.

FRANK FRASIER, TREASURER