

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

001048

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 23 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business 513 OUTRIGGER LANE LONGBOAT KEY FL 34228 US	Mailing Address P.O. BOX 8044 LONGBOAT KEY FL 34228 US
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3. Date Incorporated or Qualified 05/31/1967		
4. FEI Number 59-1232084	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GILBERT, MARGE
 513 OUTRIGGER LANE
 LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent
 81 Name **FRANK FRASIER**
 82 Street Address (P.O. Box Number is Not Acceptable)
524 HORNBLLOWER LANE
 83
 84 City **LONGBOAT KEY, FL** 85 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 *Frank Frasier* **FRANK FRASIER, TREASURER** 9/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, MARGE	
STREET ADDRESS	513 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, ELAINE	
STREET ADDRESS	512 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BERNAS, JERRY	
STREET ADDRESS	549 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, BILL	
STREET ADDRESS	560 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / DIRECTOR D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STUART JOHNSON	
1.3 STREET ADDRESS	572 SPINNAKER LANE	
1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
2.1 TITLE	TREASURER / VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK FRASIER	
2.3 STREET ADDRESS	524 HORNBLLOWER LANE	
2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
3.1 TITLE	SECRETARY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIP ROEBLING	
3.3 STREET ADDRESS	501 HORNBLLOWER LANE	
3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002674914-9	
4.3 STREET ADDRESS	-10/28/98--01086--012	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 *Frank Frasier* **FRANK FRASIER, TREASURER** 9/15/98 (941) 383-2991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)