## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 712844

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

## FILED Mar 30, 1999 8:00 am § Secretary of State

03-30-1999 90038 008 \*\*\*\*61.25

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	Place of Business 2a. Mailing Address						<ol> <li>Date Incorporated or Quality</li> <li>05/31/1967</li> </ol>	ifed						
21 Suite Ant i	#, etc. Suite, Apt. #, etc.					4. FEI Number				Applied For				
Suite, Apt. :	₩, Θι¢.	27	<del></del>					59-1232084			<del></del>	Applicable		
City & State			City & State							\$8	75 Ad	ditional		
23	ئىلىنىسىد يېسى <u>چېنىرىن</u> ىسىدى چى دى.	28						5. Certifcate of Status Desire	d 📗	<b>.</b>	e Req			
Zip	Country	Zip						6. Election Campaign Finance	\$5.00 May Be					
24	25	29	[3	30				Trust Fund Contribution	<b>9</b>		ided to			
9. Name and Address of Current Registered Agent								10. Name and Address of No	w Registered	Agent				
							3							
FRASIER, FRANK						20 0 10 10 10 10 10 10 10 10 10 10 10 10								
•					82 Street Address (P.O. Box Number is Not Acceptable)									
	IBLOWER LANE				83									
LUNGBUA	T KEY FL 34228									Tau T				
					84	City			FL	[85]	Žip Co	ode (		
44. Description of Sections 617 0502 and 617 1508. Bloods Statutes, the above-named corporation submits this statement for the number 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.														
agent. I ar	n familiar with, and accept the obligatio	ns of, Section	on 617.0503, Flori	aa sta	tutes.									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annlica	Me (NOTE: I	Registere	d Agen	f signature re	quired v	when reinstating)	DATE			<del></del> ]		
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRE	CTOR	S IN 12		
TITLE	PD		DELETE	1.1 T	TT.E		PD			K Ch	ange	Addition		
NAME	JOHNSON, STUART			1.21	AME	-		•	vv					
STREET ADDRESS	1					ADDRESS	ROEBLING, W.RIPLEY							
CITY-ST-ZIP	JE OF INTERNET BALL					r-ZIP	501 HORNBLOWER LANE LONGBOAT KEY, FL 34228							
TITLE	TVPD	<del></del> -	☐ DELETE	2.t T			ъv	NODUAL REI, FE	<del>,                                    </del>	Ch	ange	☐ Addition		
NAME	FRASIER, FRANK			2.2 1	IAME	- 1						}		
STREET ADDRESS	524 HORNBLOWER LANE			2.3.5	TRFFT	ADDRESS								
CITY-ST-ZIP	324 HOMBEOWEN BALL					T- ZIP								
TITLE	SD SD		DELETE	3.1 1		-	SD	<del>-</del>		Ch:	ange	☐ Addition		
NAME	ROEBLING, RIP		, <b>K</b>	3.21	IAME	)		OTT, DIANE				]		
STREET ADDRESS	501 HORNBLOWER LANE	- 1944- 2***	<u></u> — 17=== 4 - ∪ 7	3.3 5	TREET	ADDRESS	-54	9 HORNBLOWER I	ANE					
CITY-ST-ZIP	LONGBOAT KEY FL 34228			•	CITY-S	- 1	LO	NGBOAT KEY, FI	34228			ì		
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NAME				4. 2	NAME	1			•					
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CITY-ST-ZIP				4.4 (	CITY-ST	r-ZIP								
TITLE	. , ,		☐ DELETE	_	ITLE					☐ Ch	ange	Addition		
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O IUCE I WINDWESS												1		

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-25-99 412-383-2991

Daytime Phone #

R2F037 (11/9)