

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90137 038 ****61.25

DOCUMENT # 712844

1. Entity Name

UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.

Principal Place of Business

512 HORN BLOWER LANE
549 GUNWALE LANE
LONGBOAT KEY FL 34228
US

Mailing Address

P.O. BOX 8044
LONGBOAT KEY FL 34228
US

2. Principal Place of Business

512 HORN BLOWER LANE
 Suite, Apt. #, etc.
LONGBOAT KEY, FL.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **34228**

Country **SARASOTA**

Zip

Country

4. FEI Number

59-1232084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CALLENDER, DAVID~~
~~549 OUTRIGGER LANE~~
~~LONGBOAT KEY FL 34228~~

PATTY MOSELEY
584 GUNWALE LANE
LONGBOAT KEY, FL 34228 City

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 ✓

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERNAS, GERRY	
STREET ADDRESS	549 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEVSKY, STAN	
STREET ADDRESS	537 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CALLENDER, DAVID	
STREET ADDRESS	549 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENNING, BETSY	
STREET ADDRESS	560 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON PALEY	
STREET ADDRESS	512 HORN BLOWER LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BERNAS	
STREET ADDRESS	549 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTY MOSELEY	
STREET ADDRESS	584 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patty H. Mosley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty H. Mosley 2/26/02 941-383-8358
 Date Daytime Phone #

CP2E037 (9/01)