


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90076 048 \*\*\*\*61.25

**DOCUMENT # 712844**  
 1. Entity Name  
**UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.**



Principal Place of Business  
 512 HORNBLLOWER LANE  
 LONGBOAT KEY, FL 34228 US

Mailing Address  
 P.O. BOX 8044  
 LONGBOAT KEY, FL 34228 US

**94028803**



03102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
**524 HORNBLLOWER LN.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**LONGBOAT KEY, FL.**

City & State  
 Suite, Apt. #, etc.

City & State  
**LONGBOAT KEY, FL.**

City & State  
 Suite, Apt. #, etc.

4. FEI Number  
**59-1232084**

Applied For  
 Not Applicable

Zip  
**34228**

Country  
**SARASOTA**

Zip  
 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOSELEY, PATTY**  
**584 GUNWALE LANE**  
**LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent  
 Name **GILLIAM, RICHARD**  
 Street Address (P.O. Box Number Is Not Acceptable)  
**560 HORNBLLOWER LANE**  
 City **LONGBOAT KEY FL** Zip Code **34228**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD GILLIAM, TREASURER** *[Signature]* **03/10/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELDON, PALEY 512 HORNBLLOWER LANE 6 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALLENDER, KATHLEEN 549 OUTRIGGER LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSELEY, PATTY 584 GUNWALE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNAS, MARY 549 GUNWALE LANE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRAN FRASIER 524 HORNBLLOWER LANE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD GILLIAM 560 HORNBLLOWER LANE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition ELLEN JACOB 580 SPINNAKER LANE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **RICHARD GILLIAM** **03/10/04** **(941) 383-1345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #