

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90027 037 ****61.25

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1. Entity Name

UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.



Principal Place of Business

560 HORNBLOWER LN
LONGBOAT KEY FL 34228
US

Mailing Address

P.O. BOX 8044
LONGBOAT KEY FL 34228
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1232084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIAM, RICHARD
560 HORNBLOWER LANE
LONGBOAT KEY FL 34228

Name

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

City

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

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
Due By May 1, 2006

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 PD ☐ Delete
NAME GILLIAM, RICHARD
STREET ADDRESS 560 HORN BLOWER LN
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE TD ☐ Delete
NAME STEELE, BILL
STREET ADDRESS 560 GUNWALE LN.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE SD ☐ Delete
NAME BERNAS, JERRY
STREET ADDRESS 549 GUNWALE LN
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS KATHY NEUMANN
CITY-ST-ZIP 585 GUNWALE LANE
LONGBOAT KEY, FL 34228

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS RIP ROEBLING
CITY-ST-ZIP 501 HORNBLOWER LANE
LONGBOAT KEY FL 34228

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS BETSY PALMIERI
CITY-ST-ZIP 573 SPINNAKER LANE
LONGBOAT KEY, FL 34228

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3-7-2006

383-1345 (941)