


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 016 ****61.50

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



Principal Place of Business Mailing Address
**560 HORNBLOWER LN
LONGBOAT KEY FL 34228
US** **P.O. BOX 8044
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1232084 Not Applicable

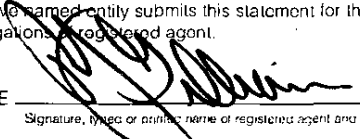
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent
**GILLIAM, RICHARD
560 HORNBLOWER LANE
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent
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, the registered agent.
SIGNATURE:  **R.S. GILLIAM** **2/15/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

**Make Check Payable to
Florida Department of State**

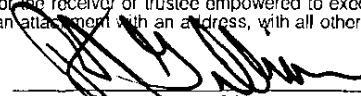
10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------------------|---------------------|-----------------------|---------------------------------|
| PD | GILLIAM, RICHARD | 560 HORN BLOWER LN | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| TD | STEELE, BILL | 560 GUNWALE LN. | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| SD | BERNAS, JERRY | 549 GUNWALE LN | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| D | NEUMANN, KATHY | 585 GUNWALE AVE | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| D | ROEBLING, RIP | 501 HORNBLOWER LANE | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |
| D | PALMIERI, BETSY | 573 SPINNAKER LN | LONGBOAT KEY FL 34228 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:  **R.S. GILLIAM**