


**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90012 001 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

0000007J

<b>DOCUMENT # 712844</b> 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 - No P.O. Box # <b>536 GUNWALE LANE</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LONGBOAT KEY, FL</b>		City & State	
Zip <b>34228</b>		Country <b>SARASOTA</b>	
Zip		Country	
4. FEI Number <b>59-1232084</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GILLIAM, RICHARD</b> <b>560 HORNBLLOWER LANE</b> <b>LONGBOAT KEY, FL 34228</b>		7. Name and Address of New Registered Agent Name <b>EDWARD JEWETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>536 GUNWALE LANE</b>  City <b>LONGBOAT KEY</b> <b>FL</b> Zip Code <b>34228</b>	
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 <u><i>Edward Jewett</i></u> <small>Signature, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <small>Trust Fund Contribution.</small>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<small>TITLE</small> PD <small>NAME</small> GILLIAM, RICHARD <small>STREET ADDRESS</small> 560 HORN BLOWER LN <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> PD <small>NAME</small> EDWARD JEWETT <small>STREET ADDRESS</small> 536 GUNWALE LANE <small>CITY-ST-ZIP</small> LONGBOAT KEY FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> TD <small>NAME</small> STEELE, BILL <small>STREET ADDRESS</small> 560 GUNWALE LN. <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> VD <small>NAME</small> RONELL JONES <small>STREET ADDRESS</small> 500 HORN BLOWER LANE <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> SD <small>NAME</small> BERNAS, JERRY <small>STREET ADDRESS</small> 549 GUNWALE LN <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	<small>TITLE</small> D <small>NAME</small> MIKE BOOZER <small>STREET ADDRESS</small> 525 SPINNAKER LANE <small>CITY-ST-ZIP</small> LONGBOAT KEY FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> D <small>NAME</small> NEUMANN, KATHY <small>STREET ADDRESS</small> 585 GUNWALE AVE <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> D <small>NAME</small> JERED WHITEHEAD <small>STREET ADDRESS</small> 548 GUNWALE LANE <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> D <small>NAME</small> ROEBLING, RIP <small>STREET ADDRESS</small> 501 HORNBLLOWER LANE <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> TD <small>NAME</small> PALMIERI, BETSY <small>STREET ADDRESS</small> 573 SPINNAKER LN <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> D <small>NAME</small> PALMIERI, BETSY <small>STREET ADDRESS</small> 573 SPINNAKER LN <small>CITY-ST-ZIP</small> LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Betsy Palmieri</i></u> <b>BETSY M. PALMIERI</b>		Date <b>4/14/08</b> Daytime Phone # <b>941-383-5344</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

ATTACHMENT

#512844

66006873

✓ Addition

Box 11

D  
ROBERT GUERNSEY  
584 OUTRIGGER LANE  
LONGBOAT KEY FL 34228