## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712844** 

FILED Mar 10, 2009 Secretary of State

Entity Name: UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

536 GUNWALE LN

LONGBOAT KEY, FL 34228 US

Current Mailing Address: New Mailing Address:

P.O. BOX 8044

LONGBOAT KEY, FL 34228 US

FEI Number: 59-1232084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILLIAM, RICHARD JEWETT, EDWARD PRES. 536 GUNWAL LANE 536 GUNWAL LANE

LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 US

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: BETSY PALMIERI 03/10/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: VP (X) Change ( ) Addition Name: BERNAS, JERRY Name: JONES, RONELL VP

Address: 549 GUNWALE LN Address: 500 HORNBLOWER LANE
City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete Title: TD (X) Change () Addition

Name:PALMIERI, BETSYName:PALMIERI, BETSY TREAS.Address:573 SPINNAKER LNAddress:573 SPINNAKER LNCity-St-Zip:LONGBOAT KEY, FL 34228City-St-Zip:LONGBOAT KEY, FL 34228

Title: SC ( ) Change (X) Addition

 Name:
 Name:
 BOOZER, MIKE SEC.

 Address:
 Address:
 525 SPINNAKER LANE

 City-St-Zip:
 City-St-Zip:
 LONGBOAT KEY, FL 34228

Title: ( ) Delete Title: D ( ) Change (X) Addition

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 GERBER,MD, JOEL DIR.

 Address:
 Address:
 525 OUTRIGGER LANE

 City-St-Zip:
 City-St-Zip:
 LONGBOAT KEY, FL 34228

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name:Name:GUERNSEY, ROBERT DIRAddress:Address:584 OUTRIGGER LANECity-St-Zip:City-St-Zip:LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETSY PALMIERI TREA 03/10/2009

Electronic Signature of Signing Officer or Director

Date