

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90775 045 ****61.25

DOCUMENT # 712844



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

Principal Place of Business Mailing Address
**512 MORNBLOWER LANE P.O. BOX 8044
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228
US US**

10033725



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
512 Hornblower Lane
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-1232084** Applied For
Longboat Key, FL. Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
34228 SARASOTA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**MOSELEY, PATTY
584 GUNWALE 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

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

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHELDON, PALEY	
STREET ADDRESS	512 HORNBLOWER LANE 6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERNAS, MARY	
STREET ADDRESS	549 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSSELEY, PATTY	
STREET ADDRESS	584 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HENNING, BETSY	
STREET ADDRESS	560 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KATHLEEN CALLENDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	549 OUTRIGGER LANE	
STREET ADDRESS	LONGBOAT KEY, FL. 34228	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY BERNAS	
STREET ADDRESS	549 GUNWALE LN.	
CITY-ST-ZIP	LONGBOAT KEY, FL. 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **REQUIRED** *Patty H. Moseley* 941-387-8358

CR2E037 (10/02)