


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N16840 1. Entity Name CLAY SHORES CIVIC ASSOCIATION, INC.	
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Principal Place of Business 5081 HESKETT LANE KEYSTONE HEIGHTS, FL 32656 US	Mailing Address PO BOX 314 KEYSTONE HEIGHTS, FL 32656 US
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2828734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RACINE, DALE A 5081 HESKETT LANE PO BOX 314 KEYSTONE HEIGHTS, FL 32656
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'STEEN, MILO J. 5093 HESKETT KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RACINE, DALE A. 5081 HESKETT LANE KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, JOHN W. 5067 HESKETT LANE KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY, JEAN, M 5113 HESKETT LANE KEYSTONE HTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOCKUS, JOSEPH 5119 HESKETT LANE KEYSTONE HEIGHTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000562052
05/19/06-80039-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Nancy G. Racine* *JEAN M. GREGORY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 *9042846500*
Date Daytime Phone #

JEAN M. GREGORY

04-29-06 *(352) 473-0871*