


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N16840</b><br>1. Entity Name<br><b>CLAY SHORES CIVIC ASSOCIATION, INC.</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>5081 HESKETT LANE<br/>KEYSTONE HEIGHTS, FL 32656 US</b> | Mailing Address<br><b>PO BOX 314<br/>KEYSTONE HEIGHTS, FL 32656 US</b> |
|---|--|



01142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  
  
**RACINE, DALE A  
5081 HESKETT LANE  
PO BOX 314  
KEYSTONE HEIGHTS, FL 32656**

**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 reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000750926<br>05/25/07-80034-019 61.25 |
|---|---|--|

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

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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:**  **4-26-07** **904-386-1451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #