

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

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90038 027 ****61.25

DOCUMENT # N16840

1. Entity Name ...
CLAY SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business
**5081 HESKETT LANE
KEYSTONE HEIGHTS, FL 32656 US**

Mailing Address
**PO BOX 314
KEYSTONE HEIGHTS, FL 32656 US**



02102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2828734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 HESKITT LANE
KEYSTONE HTS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
~~BLOCKUS, JOSEPH~~
~~6110 HESKETT LANE~~
KEYSTONE HEIGHTS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vacant

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale A. Racine
3/15/07 9042846500

Date

Daytime Phone #