

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744184 (3)

1. Corporation Name

SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**5379 N. SIERRA VISTA DRIVE
CRYSTAL RIVER FL 34428**

Mailing Address

**5379 N. SIERRA VISTA DRIVE
CRYSTAL RIVER FL 34428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1978

3a. Date of Last Report

02/22/1994

4. FEI Number

58-1921638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, STEVEN H.L.
7655 W GULF TO LAKE HWY.
SUITE 2
CRYSTAL RIVER FL 34429**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

HEMBREE, JAMES M.

STREET ADDRESS

5379 N SIERRA VISTA DR

CITY - ST - ZIP

CRYSTAL RIVER FL

TITLE

VD

NAME

NEUBURGER, DONALD

STREET ADDRESS

9229 W. FAR HILLS LANE

CITY - ST - ZIP

CRYSTAL RIVER FL

TITLE

SD

NAME

SPALTI, FRANCIS

STREET ADDRESS

5289 N SIERRA VISTA DR

CITY - ST - ZIP

CRYSTAL RIVER FL

TITLE

TD

NAME

HINMAN, JAMES P.

STREET ADDRESS

3524 N SIERRA VISTA DR

CITY - ST - ZIP

CRYSTAL RIVER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James P. Hinman

JAMES P. HINMAN

3-21-95

704-563-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #