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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **744184** **(3)**

1. Corporation Name

SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5379 N. SIERRA VISTA DRIVE CRYSTAL RIVER FL 34428	5379 N. SIERRA VISTA DRIVE CRYSTAL RIVER FL 34428-6492

3. Date Incorporated or Qualified: **09/06/1978**
3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1921638** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEMBREE, JAMES M.		1.2 NAME	
STREET ADDRESS	5379 N SIERRA VISTA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEBUSK, JULIET A.		2.2 NAME	
STREET ADDRESS	5390 N. SIERRA VISTA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHERNENKO, CHERYL J.		3.2 NAME	
STREET ADDRESS	5182 N. ANDRI DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HINMAN, JAMES P.		4.2 NAME	
STREET ADDRESS	3524 N SIERRA VISTA DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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 SIGNATURE REQUIRED 4/27/97 352-563-5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #