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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90109 015 \*\*\*\*61.25

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**DOCUMENT # 744184**

1. Corporation Name

**SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business  
5379 N. SIERRA VISTA DRIVE  
CRYSTAL RIVER FL 34428

Mailing Address  
5324 N SIERRA VISTA DR  
CRYSTAL RIVER FL 34428  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/06/1978

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

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

TITLE PD ☐ DELETE

NAME HEMBREE, JAMES M.  
STREET ADDRESS 5379 N SIERRA VISTA DR  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VD ☐ DELETE

NAME DEBUSK, JULIET A.  
STREET ADDRESS 5390 N. SIERRA VISTA DR.  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE SD ☐ DELETE

NAME CHERNENKO, CHERYL J.  
STREET ADDRESS 5182 N. ANDRI DRIVE  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE TD ☐ DELETE

NAME HINMAN, JAMES P.  
STREET ADDRESS 3524 N SIERRA VISTA DR  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*James P. Hinman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED JAMES P. HINMAN**

**3/8/99 352-563-5325**

Date

Daytime Phone #

CR2E037 (11/98)