2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744184

1. Entity Name
SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC. ✓

Principal Place of Business — Mailing Address
CRYSTAL RIVER, FL 34428 / 5324 N. SIERRA VISTA DR.

DEPARTMENT OF STATE

FILED
Jun 16, 2000 8:00 am
Secretary of State
06-16-2000 90112 029 ****61.25

00004001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

4. FEI Number: 59-1921638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SAME

7. Name and Address of New Registered Agent
Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City — **FL** — Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	☒ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JAMES HEMBREE		NAME	STEVE CHERNENKO	
STREET ADDRESS	5379 N. SIERRA VISTA DR.		STREET ADDRESS	5182 N. ANDRI DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	SECRETARY	☒ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	CHERYL CHERNENKO		NAME	FANCY TAYLOR	
STREET ADDRESS	5182 N. ANDRI DR.		STREET ADDRESS	5552 N. ANDRI DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 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: James P. Hinman / JAMES P. HINMAN 6/8/00 352-563-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #