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SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION STATE  UNUDGED Flace of Business CRYSTAL RIVER, FL 24423	DOCUMENT # 444184							<b>FILED</b>				
Secretary of State  Oc-16-2000 90112 029 ****61.25  CRYSTAL RIVER, FL 24428	1. Entity Nan	ne 4 a	oss Poos	SEATY DIVIN	FOS A	SSOCIA	TION.	Ju	ın 16,	200	0.8:0	0 am
Principal Place of Business  CRYSTAL RIVER, FL 34429 S32 PK. STERRA VISTA DR.  1. Principal Place of Business  SAME  2. Principal Place of Business  SAME  Same April 9 cc.  City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & City	SHAM	1ROCK AC	RES INOP	EKIT DW		/ T	ر کری					
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SAME	Principal Plac	ce of Business		Mailing Address	MTCLA	ENT O	F STA	<b>TE</b>	00-10-200	J 30112 (	<i>323</i> 01	1.43
SAME	CRYST	AL RIVER	FL 34428	/5324秋	SIERR	A VISTA	DR.					
2. Principal Place of Business SAME Suble, Apt. #. etc.  City & State  City & FL & Applied For State  State Applied For State  State Applied For State  State Applied For State  Applied For State  Note Required  Received Agent  City & State  City & State  City & FL & Applied For State  State Applied For State  State Applied For State  City & State Desert  City & FL & Applied For State  State Applied For State  State Applied For State  City & State Desert  City & FL & Applied For State  State Applied For State  State Applied For State  City & State Desert  City & FL & Applied For State  State Applied For State  City & FL & Applied For State  State Applied	<b>O</b> / <b>C</b> . = C.	, , .,,,	, ,									
SAME Suite, Apt. # ofc.  S									มบบ	0408	1	
SAME Suite, Apt. # ofc.  S	2. Principal F	Place of Business	·	3. Mailing Address			—					
City & State  Country  Country  Country  See Country  S. Centificate of Status Desired   \$8:75 Acadismost   \$9:75 A												
Secretary   Secr	Suite, Apt.	. #, etc.		Suite, Apt. #, et	ic.				DO NOT WR	TE IN THIS	SPACE	
Secretary   Secr	City & Stat	te .		City & State				4 FEI Number		<del></del>	.   Ar	onlied For
Second Address of Current Registered Agent   Second Address of New Registered Agent   Second Address   Second Ad	Oily & Siai		l	Only & State				59-19	12163	8	<b>— —</b>	
6. Name and Address of Current Registered Agent  SAME  Street Address (PO Box Number is Not Acceptable)  City  FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  SIGNATURE  FILE NOW:  9. Election Carrosaign Financing Tust Fund Contribution:  B. Election Carrosaign Financing Tust Fund Contribution:  RESIDENT  SECRETARY  JAMES JPENT  SECRETARY  JOBERS  STER ADDRESS  CRYSTAL RIVER, FL 34428  CRY	Zip ~~~	Co	untry -	Zip -	Country			_,				
Name   SAME										<u> </u>		d
Sireet 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, hybrid or prince reare of registered agent and title if applicable.  INOTE, Registered Agent, or both, in the state of Florida.  INOTE, Registered Agent, or both, in the state of Florida.  SIGNATURE  Signature required when revisiting agent, or both, in the state of Florida.  DATE  FILE NOW.  FILE INOW.  FILE			daress of Current R	tegistered Agent	<del> </del>	Name	C + 4		aress of New I	registerea .	Agent	_
E. 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	SAME	•			•	Street A			Not Assessed	-\		
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, typical or prived name of registered agent and the in applicable.   CNOTE Registered Agent algorithm and the investment of the purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature, typical or prived name of registered agent and the in applicable.   CNOTE Registered Agent algorithm and the investment of the state of Florida.						Street A	aaress (r	Box Number is	Not Acceptable	3) 	•••	
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, typical or prived name of registered agent and the in applicable.   CNOTE Registered Agent algorithm and the investment of the purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature, typical or prived name of registered agent and the in applicable.   CNOTE Registered Agent algorithm and the investment of the state of Florida.												
B. 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    Submiture   Submit						City		-		FI	Zip Cod	e
SIGNATURE    Stynature, typed or printed name of ingestered agent and title if addicable.   (NOTE: Regulatered Agent algoritature required when neinstaturg)   DATE	8 The above	a named entity submi	its this statement for	the nurnose of chang	ning its regist	ered office o	registere	ed agent, or both, in	the state of Flo		<b>-</b>	
FILE NOW: PEE 15: \$61.25  PILE NOW: PEE 15:	o. The above	s named entity scorn	is this statement for	the perpose of charg	ging no regist		Togistore	od agent, or bout, in	, and state of the	orida.		
FILE NOW: PEE 15: \$61.25  PILE NOW: PEE 15:												
FILE NOW: FEE 10: \$61.25  Trust Fund Contribution.    S. 50.0 May Be Added to Fees   Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed	name of registered agent an	nd title if applicable.	(NOTE: Regisl	tered Agent signat	ure required	when reinstating)	<del></del>	DATE		
Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   PRESIDENT   Change   Addition    STATE ADDRESS   THE MAJE   CRYSTAL RIVER   THE SECRETARY   Change   CRYSTAL RIVER   THE SECRETARY   CRYSTAL RIVER   THE SECRETARY   Change   Addition    STREET ADDRESS   CITY-ST-ZIP   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   THE SECRETARY   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   THE SECRETARY   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   THE SECRETARY   CRYSTAL RIVER   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   THE SECRETARY   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   Change   Addition    THE SECRETARY   CHERVER   CHERVER   CRYSTAL RIVER   Change   Addition    THE SECRETARY   Change   Change   Change   Change   Addition    THE SECRETARY   Change   Chan	September 1900 to the		er (eggenesites per tilber)	g						Karangangan Sa		internation
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JAMES P. HINMAN 6/8/00 352-563-4714