

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # 744184****1. Entity 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**
5182 N ANDRI DRIVE**3. Mailing Address**
5055 N ANDRI DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CRYSTAL RIVER FL**City & State**
CRYSTAL RIVER FL**4. FEI Number**
59-1921638**Applied For**
Not Applicable**Zip**
34428**Country****Zip**
34428**Country**
US**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BOWMAN, STEVEN H.L.
7655 W GULF TO LAKE HWY.
SUITE 2
CRYSTAL RIVER FL 34429
US**Name****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 STEVEN H.L. BOWMAN****04/20/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TD	☐ Delete
NAME	HINMAN, JAMES P.	
STREET ADDRESS	3524 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	VD	☐ Delete
NAME	DEBUSK JULIET A.	
STREET ADDRESS	5390 N. SIERRA VISTA DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	PD	☐ Delete
NAME	HEMBREE, JAMES M.	
STREET ADDRESS	5379 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		

TITLE	TD	☒ Change	☐ Addition
NAME	FLEMING GAIL B.		
STREET ADDRESS	5055 N ANDRI DRIVE		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		
TITLE	SD	☒ Change	☐ Addition
NAME	TAYLOR FANCY G.		
STREET ADDRESS	5552 N ANDRI DRIVE		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		
TITLE	VD	☒ Change	☐ Addition
NAME	DEBUSK JULIET A.		
STREET ADDRESS	5390 N. SIERRA VISTA DR.		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		
TITLE	PD	☒ Change	☐ Addition
NAME	CHERNENKO STEVE		
STREET ADDRESS	5182 N ANDRI DRIVE		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GAIL B. FLEMING****TD****04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)