2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90079 035 ****61.25

DOCUMENT # 744184

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

Principal Place of Business	Mailing Address
5390 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428	5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
25 E. SILVER SPRINGS BLVD	25 E. SILVER SPRINGS BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34470 Country: US	Zip: 34470 Country: US

01132007 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name: JENNIFER STAUFF
Street Address (P.O. Box Number is Not Acceptable): 25 E. SILVER SPRINGS BLVD
City: OCALA FL Zip Code: 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 1/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~Filing Fee is~~ $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEBUSK, JULIET 5390 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD APPLE, DONNA 5250 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HEMBREE, JAMES 5379 SIERRA VISTA DR CRYSTAL RIVER, FL 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OESTERLE, MARY 5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALBERT, PAM 5630 N. ANDRI DR CRYSTAL RIVER, FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Juliet A DeBusk 1/17/07 352-795-6189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #