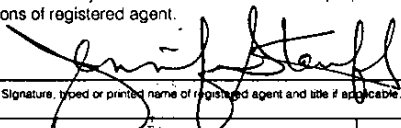
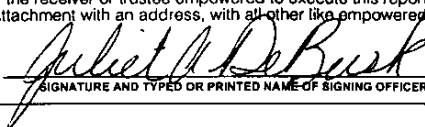


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 5390 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428			Mailing Address 5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business - No P.O. Box # 25 E. SILVER SPRINGS BLVD		3. Mailing Address 25 E. SILVER SPRINGS BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 59-1921638	
Zip 34470		Country US		Applied For ☐ Not Applicable	
Zip 34470		Country US		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  Signature, typed or printed name of registered agent and title if applicable.				DATE 1/15/07 (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 ☐ Delete 5390 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLE, DONNA ☒ Delete 5250 N. SIERRA VISTA DRIVE CRYSTAL RIVER, FL 34428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEMBREE, JAMES ☐ Change ☒ Addition 5379 SIERRA VISTA DR CRYSTAL RIVER, FL 34428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OESTERLE, MARY ☐ Delete 5131 N. ANDRI DRIVE CRYSTAL RIVER, FL 34428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERT, PAM ☐ Delete 5630 N. ANDRI DR CRYSTAL RIVER, FL 34428		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1/17/07 DAYTIME PHONE # 352-795-6189		