

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744184

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5580 W. OAKHILL STREET  
DUNNELLON, FL 34433

**New Principal Place of Business:**

**Current Mailing Address:**

5580 W. OAKHILL STREET  
DUNNELLON, FL 34433

**New Mailing Address:**

**FEI Number:** 59-1921638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAUFF, JENNIFER  
5580 W. OAKHILL STREET  
DUNNELLON, FL 34433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEBUSK, JULIE  
Address: 5390 N. SIERRA VISTA DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VPD  
Name: HEMBREE, JAMES  
Address: 5379 SIERRA VISTA DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD  
Name: OESTERLE, MICHAEL E  
Address: 5131 N. ANDRI DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: SD  
Name: ALBERT, PAM  
Address: 5630 N. ANDRI DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D  
Name: DELARCO, LARRY  
Address: 5252 N. SIERRA VISTA DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. OESTERLE

TREA

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date