2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2003
Secretary of State

DOCUMENT# 744184

Entity Name: SHAMROCK ACRES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5390 N. SIERRA VISTA DRIVE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

5055 N ANDRI DRIVE
CRYSTAL RIVER, FL 34428 US

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:

BOWMAN, STEVEN H.L.
7655 W GULF TO LAKE HWY.
SUITE 2
CRYSTAL RIVER, FL 34429 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	( ) Delete
Name:	DEBUSK, JULIET	
Address:	5390 N. SIERRA VISTA DRIVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	VD	( ) Delete
Name:	SPIDDLE, BRIAN	
Address:	5630 N. ANDRI DRIVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	SD	( ) Delete
Name:	SELF, GINGER	
Address:	5331 N. SIERRA VISTA	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	TD	( ) Delete
Name:	FLEMING, GAIL B.	
Address:	5055 N ANDRI DRIVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAIL B. FLEMING TD 04/27/2003

Electronic Signature of Signing Officer or Director — Date