

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007224

1. Entity Name
SHAMROCK GREEN BUSINESS CENTER CONDOMINIUM
ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 14 AM 10:51

Principal Place of Business
3201 SHAMROCK SOUTH
SUITE 104
TALLAHASSEE, FL 32309

Mailing Address
3201 SHAMROCK SOUTH
SUITE 104
TALLAHASSEE, FL 32309

2. Principal Place of Business

3653 Cagney Drive

Suite, Apt. #, etc.

205 Suite

City & State

Tallahassee, FL

Zip
32309

Country

USA

3. Mailing Address

3653 Cagney Drive

Suite, Apt. #, etc.

Suite 205

City & State

Tallahassee, FL

Zip
32309

Country

USA

07132006

Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1478485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, MATTHEW W
3201 SHAMROCK SOUTH
SUITE 104
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name - Robert B. Davis

Street Address (P.O. Box Number is Not Acceptable)

3653 Cagney Drive

Suite 205

City Tallahassee

FL

Zip Code

32309

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-06

Filing Fee is \$61.25
Due by September 6, 2006

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

TITLE PD
NAME GESHWILER, RICHARD L ☒ Delete
STREET ADDRESS 8511 BULL HEADLEY ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VD
NAME RYAN, MATT ☐ Delete
STREET ADDRESS 3201 SHAMROCK SOUTH SUITE 104
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE STD
NAME O'BRIEN, TIM ☐ Delete
STREET ADDRESS 3023 SHANNON LAKE N. #102
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Robert B. Davis
STREET ADDRESS 3653 Cagney Drive Suite 205
CITY-ST-ZIP Tallahassee, FL 32309

TITLE ☐ Change ☐ Addition
NAME 800077738588
STREET ADDRESS 07/19/06--01060--017 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

7/13/06

Date

850-894-2511

Daytime Phone #