


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003342**  
 1. Entity Name  
**THE SHAMROCK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**12615 S.W. 91ST STREET**      **12615 S.W. 91ST STREET**  
**MIAMI, FL 33186**                      **MIAMI, FL 33186**



04112005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0786834**                      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**CHUMAN, ROSA**  
**12615 S.W. 91ST**  
**MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROSA M CHUMAN 12615 SW 91ST ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHUMAN, CARLOS Z 12615 SW 91 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHUMAN, CARLOS JOSE 12615 SW 91 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUIZ, CARLOS A 12615 SW 91 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/22/05-80100-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_ **4/11/05** **305-598-5800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #