

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: 12615 S.W. 91ST STREET MIAMI, FL 33186
 Mailing Address: 12615 S.W. 91ST STREET MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0786834 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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

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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: _____ Date: 4/11/05 Daytime Phone #: 305-598-5800