

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2007  
Secretary of State**

DOCUMENT# N95000003342

Entity Name: THE SHAMROCK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12615 S.W. 91ST STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

4001 N PINE ISLAND RD  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-0786834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHUMAN, ROSA  
12615 S.W. 91ST  
MIAMI, FL 33186      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: VPD ( ) Delete  
Name: ROSA M CHUMAN,  
Address: 12615 SW 91ST ST  
City-St-Zip: MIAMI, FL 33186

Title: PD ( ) Delete  
Name: CHUMAN, CARLOS Z  
Address: 12615 SW 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: CHUMAN, CARLOS JOSE  
Address: 12615 SW 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: RUIZ, CARLOS A  
Address: 12615 SW 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROSA M CHUMAN,  
Address: 12615 SW 91ST ST  
City-St-Zip: MIAMI, FL 33186

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

Title: D (X) Change ( ) Addition  
Name: CHUMAN, CARLOS JOSE  
Address: 12615 SW 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: VPD (X) Change ( ) Addition  
Name: RUIZ, CARLOS A  
Address: 12615 SW 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Change (X) Addition  
Name: BARRIO, KIMBERLY  
Address: 12605 SW 91 ST APT #209  
City-St-Zip: MIAMI, FL 33186 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARLOS JOSE CHUMAN

D

04/23/2007

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

\_\_\_\_\_  
Date