


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90023 039 ****61.25

DOCUMENT # N97000005010 1. Entity Name HERITAGE OAKS AT SHAMROCK SHORES PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 9193 SPRING VALLEY RD. ENGLEWOOD, FL 34224 US	Mailing Address 9193 SPRING VALLEY RD. ENGLEWOOD, FL 34224 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3496653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERNTSSON, ROBERT H
 18401 MURDOCK CIR.
 PT. CHARLOTTE, FL

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PVD BRENNEMAN, DWIGHT <input type="checkbox"/> Delete	
NAME	9193 SPRING VALLEY RD.	
STREET ADDRESS	ENGLEWOOD, FL 34224	
CITY-ST-ZIP		
TITLE	STD BRENNEMAN BRENNEMAN, BETTY L <input type="checkbox"/> Delete	
NAME	9193 SPRING VALLEY RD.	
STREET ADDRESS	ENGLEWOOD, FL 34224	
CITY-ST-ZIP		
TITLE	D AMEN, IRVIN <input checked="" type="checkbox"/> Delete	
NAME	P O BOX 114	
STREET ADDRESS	BOCA GRANDE, FL 33921	
CITY-ST-ZIP		
TITLE	D KNIGHT, MELISSA <input checked="" type="checkbox"/> Delete	
NAME	P O BOX 567	
STREET ADDRESS	PLACIDA, FL 33946	
CITY-ST-ZIP		
TITLE	D WOJCIK, RANDY <input type="checkbox"/> Delete	
NAME	40 BUNKER PLACE	
STREET ADDRESS	ROTONDA WEST, FL 33947	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D KEN HEIMANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	36 MEDANIST CIRCLE	
STREET ADDRESS	ROTONDA WEST, FL 33947	
CITY-ST-ZIP		
TITLE	D CLAIRE POPE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	555 GASPAR ROAD	
STREET ADDRESS	CAPE HAZE, FLORIDA 33946	
CITY-ST-ZIP		
TITLE	D BETH KLABEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	9216 SPRING VALLEY RD	
STREET ADDRESS	ENGLEWOOD, FL 34224	
CITY-ST-ZIP		
TITLE	D BILL ARKLANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	C/O P.O. BOX 98	
STREET ADDRESS	RIVERON, CT 06065	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dwight L Brenneman* **DWIGHT L BRENNEMAN** (941) 697-5985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/05** Daytime Phone # _____