

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005010

FILED
Feb 16, 2010
Secretary of State

Entity Name: HERITAGE OAKS AT SHAMROCK SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 59-3496653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERNTSSON, ROBERT H
18401 MURDOCK CIR.
PT. CHARLOTTE, FL 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: PVD
Name: BRENNEMAN, DWIGHT L MR.
Address: 9193 SPRING VALLEY RD.
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD
Name: BRENNEMAN, BETTY L MRS.
Address: 9193 SPRING VALLEY RD.
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD
Name: PORTELL, CONNIE MRS.
Address: 978 ROTONDA CIRCLE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D
Name: WOJCIK, RANDY
Address: 9196 SPRING VALLEY ROAD
City-St-Zip: ENGLEWOOD, FL 34224

Title: D
Name: PORTELL, JAMES MR.
Address: 978 ROTONDA CIRCLE
City-St-Zip: ROTONDA WEST, FL 33947

Title: D
Name: ARKILANDER, WILLIAM MR.
Address: 9144 SPRING VALLEY ROAD
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 all other like empowered.

SIGNATURE: BETTY L. BRENNEMAN

TD

02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date