FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004000 (6)**

1. Corporation Name

SHAMROCK SHORES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
1505 SOUTH MCCALL RD. ENGLEWOOD FL 34223	1505 SOUTH MCCALL RD. ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0465969 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERNTSSON, ROBERT H
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE	DP	☑ Change ☐ Addition
NAME	GEORGE, HENRY	12 NAME	KENNETH J. ROBERTS	
STREET ADDRESS	1505 SOUTH MCCALL RD.	13 STREET ADDRESS	9061 EVELYN RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	14 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	DV	21 TITLE	DV	☑ Change ☐ Addition
NAME	TOMLINSON, ROBERT M	22 NAME	GEORGE MOLINEUX	
STREET ADDRESS	2444 ELFRETH'S ALLEY	23 STREET ADDRESS	9089 EVELYN RD	
CITY-ST-ZIP	BENSALEM PA 19020	24 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	D	31 TITLE	DS	☑ Change ☐ Addition
NAME	CHECCHIA, E. ALBERT JR.	32 NAME	LOIS OVERTON	
STREET ADDRESS	3375 FIRST AVE	33 STREET ADDRESS	9064 BANTRY BAY BLVD.	
CITY-ST-ZIP	BENSALEM PA 19020	34 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE		41 TITLE	DT	☑ Change ☐ Addition
NAME		42 NAME	BARBARA RANDLETT	
STREET ADDRESS		43 STREET ADDRESS	10063 FRANKLIN DR.	
CITY-ST-ZIP		44 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth J. Roberts 4/24/95 (813)698-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016014