

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 033 ****61.25

DOCUMENT # N93000004000

1. Entity Name

SHAMROCK SHORES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 3042
PLACIDA FL 33946-3042

Mailing Address

P.O. BOX 3042
PLACIDA FL 33946-3042

3000 / 000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0465969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNTSSON, ROBERT H
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BENSON, JACKIE**
STREET ADDRESS **9073 BANTRY BAY BLVD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D OSBORN, JACQUIE**
STREET ADDRESS **8993 BANTRY BAY RD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D ATKINSON, CHIP**
STREET ADDRESS **9073 EVELYN RD.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition
NAME **D MIKE ROWAN**
STREET ADDRESS **10039 JEANSPORT**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE ☒ Delete
NAME **D MCHENRY, ROBERT**
STREET ADDRESS **9065 BUELYN RD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition
NAME **D Nieustadt, Fred**
STREET ADDRESS **8984 Bantry Bay Blvd**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Clark, Gordon**
STREET ADDRESS **10054 Jeansport**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Jacqueline S. Osborn - Jacqueline S. Osborn 1/24/05 941-697-5870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #