

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005010

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

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC0396170951**

**Current Principal Place of Business:**

9193 SPRING VALLEY RD.  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

9193 SPRING VALLEY RD.  
ENGLEWOOD, FL 34224 US

**FEI Number: 59-3496653**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PVD  
Name BRENNEMAN, DWIGHT LMR.  
Address 9193 SPRING VALLEY RD.  
City-State-Zip: ENGLEWOOD FL 34224

Title TD  
Name BRENNEMAN, BETTY LMRS.  
Address 9193 SPRING VALLEY RD.  
City-State-Zip: ENGLEWOOD FL 34224

Title SD  
Name PORTELL, CONNIE MRS.  
Address 9160 SPRING VALLEY ROAD  
City-State-Zip: ENGLEWOOD FL 34224

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

Title D  
Name PORTELL, JAMES MR.  
Address 9160 SPRING VALLEY ROAD  
City-State-Zip: ENGLEWOOD FL 34224

Title D  
Name ARKILANDER, WILLIAM MR.  
Address 9144 SPRING VALLEY ROAD  
City-State-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: DWIGHT L. BRENNEMAN**

**PVD**

**03/31/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date