


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 028 ****70.00

DOCUMENT # 724073		
1. Entity Name THE SHAMROCK CLUB OF PALM BEACH COUNTY, INC.		

Principal Place of Business 428 SOUTH H STREET LAKE WORTH FL 33460	Mailing Address 428 SOUTH H STREET LAKE WORTH FL 33460
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1494027		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent MARTIN BEHAN WALDRON, PETER 560 HORIZONS W 201 BOYNTON BEACH FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Martin Behan</u> DATE <u>3-25-07</u> MARTIN BEHAN	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WALDRON, PETER 560 HORIZONS W 201 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SMITH, CORNELIS 560 HORIZONS W. #112 FL 33435
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BEHAN, MARTIN 350 HORIZONS E 101 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BEHAN, MARTIN PRESIDENT SAME
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JORDON, MARGARET 610 HORIZONS E 212 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EILEEN TRAYNOR 802 SW 15th ST Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FREEMAN, N. ANNE 530 HORIZONS E 304 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FITZ, MAURICE D 129 LEISUREVILLE AVE BOYNTON BEACH FL 33426	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BRADY, MARY A 210 HORIZON E 306 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: <u>Martin Behan</u>	3-25-07 561-752-1664
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