2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 724073

Entity Name: THE SHAMROCK CLUB OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

428 SOUTH H STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

428 SOUTH H STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1494027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEHAN, MARTIN
350 HORIZONS E 201
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

FREEMAN, N. ANNE
530 HORIZONS EAST #304
BOYNTON BEACH, FL 33435 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: N. ANNE FREEMAN 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: 2VP ( ) Delete
Name: SMITH, CORNELIS
Address: 560 HORIZONS W 112
City-St-Zip: BOYNTON BEACH, FL 33435

Title: P ( ) Delete
Name: BEHAN, MARTIN
Address: 350 HORIZONS E 101
City-St-Zip: BOYNTON BEACH, FL 33435

Title: 1VP` ( ) Delete
Name: TRAYNOR, EILEEN
Address: 802 SW 15TH ST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: FREEMAN, N. ANNE
Address: 530 HORIZONS E 304
City-St-Zip: BOYNTON BEACH, FL 33435

Title: RS ( ) Delete
Name: FITZ, MAURICE D
Address: 599 GOLF DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CS ( ) Delete
Name: BRADY, MARY A
Address: 210 HORIZON E 306
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: TRAYNOR, EILEEN
Address: 802 SW 15TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: 1VP` (X) Change ( ) Addition
Name: MURRAY, THOMAS
Address: 2197 SW 13TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change ( ) Addition
Name: HOPKINS, MARY
Address: 3520 MIRA MONTES CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: N. ANNE FREEMAN T 03/20/2009
Electronic Signature of Signing Officer or Director Date