

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 048 \*\*\*\*61.25

**DOCUMENT # 755304**

1. Entity Name  
**SHAMRON BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6179 WINKLER RD.  
STE 200  
FORT MYERS, FL 33919 US**

Mailing Address  
**6179 WINKLER RD.  
STE 200  
FORT MYERS, FL 33919 US**

**40067827**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2264820**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD.  
SUITE 200  
FORT MYERS, FL 33919**

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

*Muller Strohn* **AGENT 4-9-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **D** ☐ Delete  
NAME **BLOM, DENNIS**  
STREET ADDRESS **16726 EREDALO PATH**  
CITY-ST-ZIP **LAKEVILLE, MN 55044**

TITLE **D Dennis Blom** ☒ Change ☐ Addition  
NAME **16726 Iredale Path**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **POLITO, VINCE**  
STREET ADDRESS **122 MCNAIR RD**  
CITY-ST-ZIP **WILLIAMSVILLE, NY 14221**

TITLE **PTD Timothy Quinlan** ☐ Change ☒ Addition  
NAME **3788 Coffeet Dr**  
STREET ADDRESS **Bellbrook, OH 45305**  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **SCHROEDER, LYDIA**  
STREET ADDRESS **15017 WEST 163 STREET**  
CITY-ST-ZIP **LOCKPORT, IL 60491**

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

TITLE **D** ☐ Delete  
NAME **DISHNOW, KATHY**  
STREET ADDRESS **4615 CARPENTER**  
CITY-ST-ZIP **FLORENCE, WI 54121**

TITLE **SD Kathy Dishnow** ☒ Change ☐ Addition  
NAME **7650 Estero Blvd #503**  
STREET ADDRESS **Ft Myers Beach, FL 33931**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEMIEUX, EMILY**  
STREET ADDRESS **3 BAY BEACH LANE BOX 151**  
CITY-ST-ZIP **SANDWICH, MA 02563**

TITLE **D Emily Lemieux** ☒ Change ☐ Addition  
NAME **7650 Estero Blvd #308**  
STREET ADDRESS **Ft Myers Beach, FL 33931**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FLANAGAN, MICHEAL**  
STREET ADDRESS **P.O. BOX 5126**  
CITY-ST-ZIP **HUDSON, FL 34674**

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 exemptions contained 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 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:**

*P+T*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-08 458-1101 x236**