

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760198** (2)

1. Corporation Name

SHAMROCK SOCIETY, INC.



Principal Place of Business

Mailing Address

**C/O NORBERT C KOENIG
21555 ALTAMIRA AVE
BOCA RATON FL 33433**

**C/O NORBERT C KOENIG
21555 ALTAMIRA AVE
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
09/28/1981

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2192740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOENIG, NORBERT C
21555 ALTAMIRA AVE
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **DOOLEY, MARGARET**
STREET ADDRESS **2288 ACORN PALM RD.**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **BLANK, GEORGE W.**
STREET ADDRESS **840 ENFIELD STREET**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **GRANNON, CHARLES L.**
STREET ADDRESS **248 KEY PALM ROAD**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **CARR, EDITH**
STREET ADDRESS **1655 ROYAL PALM WAY**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **KOENIG, NORBERT C**
STREET ADDRESS **21555 ALTAMIRA AVENUE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **MORGA, PAUL J.**
STREET ADDRESS **1322 SW TAMARIND WAY**
CITY - ST - ZIP **BOCA RATON FL**

1.1 TITLE

NAME **McCAFFREY, WILLIAM F.**
STREET ADDRESS **3466 S OCEAN BLVD #404**
CITY - ST - ZIP **HIGHLAND BEACH, FL 33487**

2.1 TITLE

NAME **BARRETT, ADELE, M.**
STREET ADDRESS **1149 SW 11TH STREET**
CITY - ST - ZIP **BOCA RATON, FL 33486**

3.1 TITLE

NAME **CASHMAN, EILEEN**
STREET ADDRESS **1941 TERRA MAR DRIVE**
CITY - ST - ZIP **POMPANO BEACH, FL 33062**

4.1 TITLE

NAME **33432**

5.1 TITLE

NAME **33433**

6.1 TITLE

NAME **33486**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norbert C. Koenig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (407) 392-6445
Date Daytime Phone

CR2E037 (12/95)