

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000422

1. Entity Name
**THE SHAMROCK AT SUNRISE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4001 N PINE ISLAND RD
SUNRISE, FL 33351**

Mailing Address
**4001 N PINE ISLAND RD
SUNRISE, FL 33351**



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**CHUMAN, ROSA M
4001 N PINE ISLAND RD
SUNRISE, FL 33351**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHUMAN, ROSA M
STREET ADDRESS	4001 N PINE ISLAND RD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	VSD
NAME	CHUMAN, CARLOS Z
STREET ADDRESS	4001 N PINE ISLAND RD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	TSD
NAME	CHUMAN, CARLOS J
STREET ADDRESS	4001 N PINE ISLAND RD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/18/05-80025-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/05 954-578-4120