


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N04000007224**

1. Entity Name  
**SHAMROCK GREEN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3653 CAGNEY DRIVE, STE 205          TALLAHASSEE, FL 32309</b>	Mailing Address <b>3653 CAGNEY DRIVE, STE 205          TALLAHASSEE, FL 32309</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1478485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ROBERT B  
 3653 CAGNEY DRIVE, STE 205  
 TALLAHASSEE, FL 32309**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ROBERT B 3653 CAGNEY DRIVE, STE 205 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYAN, MATT 3201 SHAMROCK SOUTH SUITE 104 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'BRIEN, TIM 3023 SHANNON LAKE N. #102 TALLAHASSEE, FL 32309
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**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # **(850) 894-2511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR