

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90041 019 \*\*\*\*61.25

<b>DOCUMENT # N04000007224</b>					
<b>1. Entity Name</b> SHAMROCK GREEN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.					
<b>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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1478485	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DAVIS, ROBERT B 3653 CAGNEY DRIVE, STE 205 TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <i>[Signature]</i> <span style="float: right;">3/26/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD DAVIS, ROBERT B 3653 CAGNEY DRIVE, STE 205 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD RYAN, MATT 3201 SHAMROCK SOUTH SUITE 104 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD O'BRIEN, TIM 3023 SHANNON LAKE N. #102 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;">3/26/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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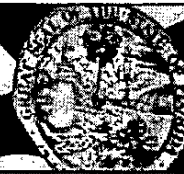
03192008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code

3/26/08

3/26/08

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Document Number N04000007224  
Business Entity Name SHAMROCK GREEN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.  
FEI Number 201478485  
FEI Number Status  
Certificate of Status Desired No  
Election Campaign Financing Trust Fund Contribution No

### Principal Place of Business

Address 3653 CAGNEY DRIVE, STE 205  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

### Mailing Address

Address 3653 CAGNEY DRIVE, STE 205  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) DAVIS, ROBERT , B  
Address 3653 CAGNEY DRIVE, STE 205  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309 US

### Officer/Director Name And Address

#### Name And Address #1

Title PD  
Name (Last, First, Middle, Title) DAVIS, ROBERT , B  
Street Address 3653 CAGNEY DRIVE, STE 205  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

# ATTACHMENT

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# N04000007821

## Name And Address #2

Title VD  
Name (Last, First, Middle, Title) RYAN, MATT  
Street Address 3201 SHAMROCK SOUTH SUITE 104  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

## Name And Address #3

Title STD  
Name (Last, First, Middle, Title) O'BRIEN, TIM  
Street Address 3023 SHANNON LAKE N. #102  
City, State TALLAHASSEE, FL  
Zip Code & Country 32309

Title PD  
Officer/Director Signature ROBERT B. DAVIS



Continue