

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90035 041 \*\*\*\*61.25

**DOCUMENT # N93000004000**

1. Entity Name

**SHAMROCK SHORES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 3042  
PLACIDA FL 33946-3042

Mailing Address

P.O. BOX 3042  
PLACIDA FL 33946-3042



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0465969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BERNTSSON, ROBERT H  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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

TITLE **D** ☒ Delete  
NAME **BENSON, JACKIE**  
STREET ADDRESS **9073 BANTRY BAY BLVD**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ Delete  
NAME **OSBORN, JACQUIE**  
STREET ADDRESS **8993 BANTRY BAY RD**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ Delete  
NAME **ROWAN, MIKE**  
STREET ADDRESS **10039 JEANS PORT**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☒ Delete  
NAME **NIEWSTADT, FRED**  
STREET ADDRESS **8984 BANTRY BAY BOULEVARD**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ Delete  
NAME **CLARK, GORDON**  
STREET ADDRESS **10054 JEANS PORT**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **Charles Lawrence**  
STREET ADDRESS **9096 Bantry Bay Blvd**  
CITY-ST-ZIP **Englewood, FL. 34224**

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

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Cheryl Haefner**  
STREET ADDRESS **10055 Jeansport**  
CITY-ST-ZIP **Englewood, FL. 34224**

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

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 Section 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: Jacqueline S. Osborn - Jacqueline S. Osborn 2/21/06 - 94-692-5870**