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APPROVED
AND
FILED

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

96 JAN 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000608 (8)

1. Corporation Name

SHAMROCK PLAZA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5028 TENNESSEE CAPITAL BLVD
TALLAHASSEE FL 32303

5028 TENNESSEE CAPITAL BLVD
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

GHAZVINI, MEHRDAD
5028 TENNESSEE CAPITAL BLVD
TALLAHASSEE FL 32303

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 PD
NAME GHAZVINI, HOSSEIN
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GHAZVINI, BEHZAD
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME YAZDANI, MOHAMMAD S
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GHAZVINI, MEHRDAD
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME GHAZVINI, MEHRAN
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VDD
NAME YAZDANI, ROOZBEH
STREET ADDRESS 5028 TENNESSEE CAPITAL BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)