

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003342

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE SHAMROCK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12615 S.W. 91ST STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

4001 N PINE ISLAND RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0786834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUMAN, ROSA
12615 S.W. 91ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSA M CHUMAN
Address: 12615 SW 91ST ST
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: CHUMAN, CARLOS Z
Address: 12615 SW 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CHUMAN, CARLOS JOSE
Address: 12615 SW 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: RUIZ, CARLOS A
Address: 12615 SW 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: T (X) Delete
Name: BARRIO, KIMBERLY
Address: 12605 SW 91 ST APT #209
City-St-Zip: MIAMI, FL 33186 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA MARIA CHUMAN

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date