

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90023 039 ****61.25

DOCUMENT # N97000005010

1. Entity Name
HERITAGE OAKS AT SHAMROCK SHORES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224 US**

Mailing Address
**9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3496653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNTSSON, ROBERT H
18401 MURDOCK CIR.
PT. CHARLOTTE, FL**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
BRENNEMAN, DWIGHT
9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEN HEIMANN
36 MEDANIST CIRCLE
ROTONDA WEST, FL 33947** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD ~~BRENNEMAN~~
BRENNEMAN, BETTY L
9193 SPRING VALLEY RD.
ENGLEWOOD, FL 34224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAIRE POPE
555 GASTAR ROAD
CAPE HAZE, FLORIDA 33946** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMEN, IRVIN
P O BOX 114
BOCA GRANDE, FL 33921** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BETH KLABEN
9216 SPRING VALLEY RD
ENGLEWOOD, FL 34224** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNIGHT, MELISSA
P O BOX 567
PLACIDA, FL 33946** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BILL ARKLANDER
SPRING VALLEY RD C/O P.O. BOX 98
ENGLEWOOD, FL 34224 RIVERTON, CT 06065** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOJCIK, RANDY
40 BUNKER PLACE
ROTONDA WEST, FL 33947** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dwight L Brenneman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWIGHT L BRENNEMAN

**(941)
697-5985**

Date **3/15/05** Daytime Phone #