2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N9700005010



Mar 15, 2006 8:00 am Secretary of State

FILED

	[®] E OAKS AT SHAMROCK S S' ASSOCIATION, INC.	SHORES PROPERT	Y			03-15-200	0 20113 0.	<i>29</i> 0	71.23
Principal Place of Business 9193 SPRING VALLEY RD. 9193 SPRING VALLEY RD. ENGLEWOOD, FL 34224 US ENGLEWOOD, FL									
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122006 _C	hg-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 59-349665	3			plied For
Zip	Zip Country 2		ip Country		5. Certificate of Si			\$8.75 Add	
	6. Name and Address of Current	Pagistared Agent	<u> </u>		7 Neme and Add	longs of Now		Fee Require	
		LARINGE AREIT	Name		7. Name and Add	HEAD OF LIGHT	vefilence v	Maist	
BERNTSSON, ROBERT H			Stra - 1	Lalalana a *	O.O. Day N	Nat Agas as 1	-1-1		
18401 MURDOCK CIR. PT. CHARLOTTE. FL			Street	raaiess (P.O. Box Number is	Not Acceptal	ole) — —		
4° L. OHAN	LOTTE, FL								
			City				FL	Zip Cod	e
	named entity submits this statement fo	r the purpose of changing its	registered office of	r register	ed agent, or both, in	the State of	Florida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture recrumed	when reinstating)		DATE		
<u>.</u>				ture recuired			· · ·		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car	E: Registered Agent signs mpaign Financing Contribution.	ture required	\$5.00 May Be Added to Fees	Fi	Make check orida Depart		
10.	Filing Fee is \$61.25	9. Election Cal Trust Fund (mpaign Financing		\$5.00 May Be	<u> </u>	Make check orida Depart	ment of Si	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KLABEN, BETH

9216 SPRING VALLEY ROAD

ENGLEWOOD, FL 34224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #