

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062036

FILED
Jan 06, 2009
Secretary of State

Entity Name: SHAMROCK BANK OF FLORIDA

Current Principal Place of Business:

895 5TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

895 5TH AVENUE SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-8475582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARTLETT, SUSANNE E CFO
895 FIFTH AVE S
NAPLES, FL 34102 US

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: SUSANNE E. BARTLETT

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPELAND, RICHARD L
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DEPRISCO, LOUIS R
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: KAISER, TIMOTHY N M.D.
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MONAGHAN, THOMAS S
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: RONEY, PAUL R
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: TOOLE, TIMOTHY D
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LEAF, JOHN
Address: 895 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

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

Title: () Change () Addition
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE E. BARTLETT

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

Date