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FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90046 009 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57883**

1. Corporation Name

**SHAMROCK REALTY ADVISORS, INC.**

Principal Place of Business

Mailing Address

1245 HOWELL POINT  
WINTER PARK FL 32792-706  
US

1245 HOWELL POINT  
WINTER PARK FL 32792-706  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/12/1992**

4. FEI Number

**59-3137014**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 1075 W. Morse Blvd.**

2a. Mailing Address

**26 1075 W. Morse Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 200**

**27 Suite 200**

City & State

City & State

**23 Winter Park, FL**

**28 Winter Park, FL**

Zip

Zip

Country **Orange**

Country

**30 Orange**

**24 32789**

**25**

**29 32789**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEY, RICHARD T  
2505 W. GARDNER CT.  
TAMPA FL 33611**

81 Name

82

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Richard T. Coley*

(NOTE: Registered Agent signature required when reinstating)

**3-16-99**

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **D**  
NAME **COLEY, RICHARD T**  
STREET ADDRESS **2505 W. GARDNER COURT**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE  
1.2 NAME **Coley, Richard T.**  
1.3 STREET ADDRESS **1075 W. Morse Blvd., Suite 200**  
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard T. Coley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-99**

Date

**407-808-6980**

Daytime Phone #

CR2E034 (1/1/98)

0083003