

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006507

Entity Name: SHAMROCKS VOLLEYBALL, INC.

Current Principal Place of Business:

2186 SE TRILLO STREET
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

PO BOX 43
HOBE SOUND, FL 33475 US

FEI Number: 47-1315659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYD, SHAWN R
2370 SEVEN OAKS LANE
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name KEENAN, JOSEPH M
Address 2186 SE TRILLO STREET
City-State-Zip: PORT SAINT LUCIE FL 34952

Title TREASURER
Name BOYD, SHAWN
Address PO BOX 43
City-State-Zip: HOBE SOUND FL 33475

I hereby 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 all other like empowered.

SIGNATURE: SHAWN S BOYD

TREASURE

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date