

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743920

**Entity Name:** SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Aug 13, 2018**  
**Secretary of State**  
**CC0633680849**

**Current Principal Place of Business:**

GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
BOYNTON BEACH, FL 33426 US

**FEI Number: 59-1912289**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KONYK & LEMME, PLLC  
777 S. FLAGLER DRIVE  
SUITE 800-WEST TOWER  
WEST PALM BEACH, FL 33401 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: CHELLE KONYK**

**08/13/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name HANSEN, BRIAN  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

Title TREASURER  
Name SHARP, AURA  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY  
Name MARCHETTA, KATHY  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR  
Name BELEC, PATTY  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR  
Name MCMAHON, CLEMENCIA  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

Title PRESIDENT  
Name PAULSON, KATHY  
Address GULFSTREAM SERVICES  
MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE 220  
City-State-Zip: BOYNTON BEACH FL 33426

*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: PAULSON, KATHY**

**PRESIDENT**

**08/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date