2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743920

Entity Name: SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 15, 2019
Secretary of State
2490208851CC

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, CHELLE 140 INTRACOASTAL DRIVE SUITE 310 JUPITER, FL 33477 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 04/15/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VICE PRESIDENT Title TREASURER

Name CORDERO-LEVINE, ILIANA Name CORDERO-LEVINE, ILIANA

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC.

MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY Title DIRECTOR

Name STUDENT, FRANCES Name BECKLEY, JAMES

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC. MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 3342

Title DIRECTOR Title PRESIDENT

Name MCMAHON, CLEMENCIA Name THOMPSON, LAURIE

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC. MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 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.