

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743920

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

**FILED**  
**Nov 27, 2023**  
**Secretary of State**  
**4758289587CC**

**Current Principal Place of Business:**

SEACREST SERVICES INC.  
2101 CENTRE PARK W DR SUITE 110  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

SEACREST SERVICES INC.  
2101 CENTRE PARK W DR SUITE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1912289**

**Certificate of Status Desired: No**

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

KONYK & LEMME PLLC  
140 INTRACOASTAL POINT DR  
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**

**11/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOMPSON, KENNY  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            HANSEN, LAURIE  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            TREASURER  
Name            ALFANO, CHARLIE  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            VP  
Name            THOMPSON, KENNY  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            DIRECTOR  
Name            KAMINSKY, MATTHEW  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title            SECRETARY  
Name            TOMADIN, TIFFANY  
Address        SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

*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: CHARLIE ALFANO**

**TREASURER**

**11/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date