

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743920

FILED
Mar 27, 2020
Secretary of State
7983308952CC

Entity Name: SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

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

03/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name BROOKS, MARSHALL
Address GULFSTREAM SERVICES
 MANAGEMENT, INC.
 1500 GATEWAY BLVD. SUITE 220
City-State-Zip: BOYNTON BEACH FL 33426

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

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

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

Title PRESIDENT
Name THOMPSON, LAURIE
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: FRANCES STUDENT

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03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date