

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743920

FILED
Mar 21, 2018
Secretary of State
CC6635092175

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 & 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

03/21/2018

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 TILKER, MADELINE
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 HANSEN, BRIAN
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

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date