2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 19, 2022
Secretary of State
8338752905CC

DOCUMENT# 743920

Entity Name: SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

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: Yes

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 04/19/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	VP
Name	BORES, WILLIAM M	Name	BROOKS, MARSHALL
Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110	Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	LOMMEL, CRIS	Name	THOMPSON, KENNY
Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110	Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
Title	DIRECTOR	Title	PRESIDENT
Name	KAMINSKY, MATTHEW	Name	THOMPSON, LAURIE
Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110	Address	SEACREST SERVICES INC. 2101 CENTRE PARK W DR SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
Title	DIRECTOR		
Name	RUIZ-BURNEO, AMALIA		
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: LAURIE THOMPSON PRESIDENT 04/19/2022

Electronic Signature of Signing Officer/Director Detail — Date