2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 13, 2018
Secretary of State
CC0633680849

DOCUMENT# 743920

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 08/13/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VICE PRESIDENT	Title	TREASURER
Name	HANSEN, BRIAN	Name	SHARP, AURA
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE 220	Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426
Title	SECRETARY	Title	DIRECTOR
Name	MARCHETTA, KATHY	Name	BELEC, PATTY
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE 220	Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426
Title	DIRECTOR	Title	PRESIDENT
Name	MCMAHON, CLEMENCIA	Name	PAULSON, KATHY
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE 220	Address	GULFSTREAM SERVICES MANAGEMENT, INC. 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.

SIGNATURE: PAULSON, KATHY PRESIDENT 08/13/2018

Electronic Signature of Signing Officer/Director Detail — Date