2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 743920

Entity Name: SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.

FILED Sep 11, 2020 Secretary of State 8881473523CC

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, 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 09/11/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title VP

Name CORDERO-LEVINE, ILIANA Name BROOKS, MARSHALL

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC.

MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY Title DIRECTOR

Name STUDENT, FRANCES Name GREENWOOD, PATRICE

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC. MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR Title PRESIDENT

Name KAMINSKY, MATTHEW Name THOMPSON, LAURIE

Address GULFSTREAM SERVICES Address GULFSTREAM SERVICES

MANAGEMENT, INC. MANAGEMENT, INC.

1500 GATEWAY BLVD. SUITE 220 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: LAURIE THOMPSON PRESIDENT 09/11/2020