

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:** 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

03/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GREENWOOD, PATRICE  
Address       SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title           VP  
Name           BROOKS, MARSHALL  
Address       SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title           SECRETARY  
Name           LOMMEL, CRIS  
Address       SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title           DIRECTOR  
Name           THOMPSON, KENNY  
Address       SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title           DIRECTOR  
Name           KAMINSKY, MATTHEW  
Address       SEACREST SERVICES INC.  
                  2101 CENTRE PARK W DR SUITE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title           PRESIDENT  
Name           THOMPSON, LAURIE  
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

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date