

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743920

**Entity Name:** SHADYWOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE220  
BOYNTON BEACH, FL 33426**Current Mailing Address:**GULFSTREAM SERVICES MANAGEMENT, INC.  
1500 GATEWAY BLVD. SUITE220  
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. SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	TREASURER
Name	TILKER, MADELINE
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	SECRETARY
Name	MARCHETTA, KATHY
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	HANSEN, BRIAN
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	MCMAHON, CLEMENCIA
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT
Name	PAULSON, KATHY
Address	GULFSTREAM SERVICES MANAGEMENT, INC. 1500 GATEWAY BLVD. SUITE220
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