

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754684

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC8420885520**

**Entity Name:** SHADYWOOD VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT INC  
14275 SW 142 AVE  
MIAMI, FL 33186

**Current Mailing Address:**

C/O MIAMI MANAGEMENT INC  
14275 SW 142 AVE  
MIAMI, FL 33186 US

**FEI Number:** 59-2022444

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRIAI, CARLOS A  
2301 N.W. 87TH AVENUE  
SUITE 501  
DORAL, FL 33172 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VELASCO, PASTOR  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title SD  
Name ZWEIG, ILENE  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title D  
Name HELTMAN, ALFRED  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title TD  
Name RIMLAND, ELIAS  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title VPD  
Name ESPINOSA, ALIETTE  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title D  
Name GARCIA, ILIANA  
Address C/O MMI 14275 SW 142 AVENUE  
City-State-Zip: MIAMI FL 33186

Title D  
Name PORTUONDO , MAGDALENA  
Address C/O MMI 14275 SW 142 AVE.  
City-State-Zip: MIAMI FL 33186

*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:** PASTOR VELASCO

**PRESIDENT**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date