Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 754684

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

Name and Address of Current Registered Agent:

TRIAY, 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:

SI

Electronic Signature of Registered Agent

Officer/Director Detail :

| PD | Title | SECRETARY |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VELASCO, PASTOR | Name | ESPINOSA, ALIETTE |
| C/O MMI 14275 SW 142 AVENUE | Address | C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE |
| MIAMI FL 33186 | City-State-Zip: | MIAMI FL 33186 |
| VP | Title | TREASURER |
| URENA, LUIS | Name | ROJAS, SYLVIA |
| C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE | Address | C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE |
| MIAMI FL 33186 | City-State-Zip: | MIAMI FL 33186 |
| DIRECTOR | Title | DIRECTOR |
| ALVAREZ, MARIA | Name | RALPH, GINA |
| C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE | Address | C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE |
| MIAMI FL 33186 | City-State-Zip: | MIAMI FL 33186 |
| D | | |
| PORTUONDO , MAGDALENA | | |
| C/O MMI 14275 SW 142 AVE. | | |
| MIAMI FL 33186 | | |
| | VELASCO, PASTOR C/O MMI 14275 SW 142 AVENUE MIAMI FL 33186 VP URENA, LUIS C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 DIRECTOR ALVAREZ, MARIA C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 D PORTUONDO , MAGDALENA C/O MMI 14275 SW 142 AVE. | VELASCO, PASTORNameVELASCO, PASTORNameC/O MMI 14275 SW 142 AVENUEAddressMIAMI FL 33186City-State-Zip:VPTitleURENA, LUISNameC/O MIAMI MANAGEMENT INC 14275 SW 142 AVEAddressMIAMI FL 33186City-State-Zip:DIRECTORTitleALVAREZ, MARIANameC/O MIAMI MANAGEMENT INC 14275 SW 142 AVEAddressDIRECTORTitleALVAREZ, MARIANameC/O MIAMI MANAGEMENT INC 14275 SW 142 AVEAddressDCity-State-Zip:DPORTUONDO , MAGDALENA C/O MMI 14275 SW 142 AVE. |

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.

| O PRESIDENT | 10/27/2017 |
|-------------|------------|
| | |

FILED Oct 27, 2017 Secretary of State CC4150215063

Certificate of Status Desired: No

Date

Date