

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2017
Secretary of State
CC0356060182

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:

TRIAIY, 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

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date