## 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 754684** 

Entity Name: SHADYWOOD VILLAS HOMEOWNERS' ASSOCIATION, INC.

FILED Nov 16, 2018 Secretary of State CC7292376078

## **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:

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:

Title

Electronic Signature of Registered Agent Date

City-State-Zip:

MIAMI FL 33186

Officer/Director Detail:

VΡ

Title PD Title SECRETARY

Name LOPEZ, MIGUEL Name PORTUONDO, MAGDALENA

Address C/O MMI 14275 SW 142 AVENUE Address C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE

City-State-Zip: MIAMI FL 33186

City-State-Zip: MIAMI FL 33186

Name URENA, LUIS Title TREASURER

Address C/O MIAMI MANAGEMENT INC

14275 SW 142 AVE Address C/O MIAMI MANAGEMENT INC

14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

Title DIRECTOR

Name ALVAREZ, MARIA

Address C/O MIAMI MANAGEMENT INC

14275 SW 142 AVE Address C/O MIAMI MANAGEMENT INC

MIAMI FL 33186

City-State-Zip: MIAMI FL 33186

Title D

City-State-Zip:

Name ESPINOSA, ALIETTE

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: MIGUEL LOPEZ PRESIDENT 11/16/2018