

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 762458

**Entity Name:** SHADOW LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14851 STATE ROAD 52  
STE107-158 STE107-158  
HUDSON , FL 34669

**Current Mailing Address:**

12660 SHADOW RIDGE BLVD  
HUDSON, FL 34669 US

**FEI Number:** 59-2224240

**Certificate of Status Desired:** Yes

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

WYLLIE, ROBERT  
12660 SHADOW RIDGE BLVD  
HUDSON , FL 34669 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:** ROBERT WYLLIE

03/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WYLLIE, ROBERT  
Address        14851 STATE ROAD 52  
                  STE 107-158  
City-State-Zip: HUDSON FL 34669

Title            SECRETARY  
Name            FOX, DOUGLAS  
Address        14851 STATE ROAD 52  
                  STE107-158  
City-State-Zip: HUDSON FL 34669

Title            VP  
Name            JOFRE, MIKE  
Address        14851 STATE ROAD 52  
                  STE107-158  
City-State-Zip: HUDSON FL 34669

Title            TREASURER  
Name            GRIESE, ALLAN  
Address        14851 STATE ROAD 52  
                  STE107-158  
City-State-Zip: HUDSON FL 34669

Title            DIRECTOR  
Name            EDWARDS, JOSEPH  
Address        14851 STATE ROAD 52  
                  STE107-158  
City-State-Zip: HUDSON FL 34669

Title            DIRECTOR  
Name            KERFER, VINCE  
Address        14851 STATE ROAD 52  
                  STE107-158  
City-State-Zip: HUDSON FL 34669

*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:** ROBERT WYLLIE

PRESIDENT

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date