

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06008

Entity Name: SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1420 SHORELANDS DR W
VERO BEACH, FL 32963-2656**Current Mailing Address:**P.O. BOX 643247
VERO BEACH, FL 32964 US**FEI Number:** 59-2533808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, RALPH L
1420 SHORELANDS DR W
VERO BEACH, FL 32963-2656 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:** RALPH L. EVANS

02/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BURGE, CHERYL
Address 1375 SHORELANDS DRIVE NORTH
City-State-Zip: VERO BEACH FL 32963

Title PRESIDENT
Name ZOCK, LISA M
Address 1365 SHORELANDS DR N
City-State-Zip: VERO BEACH FL 32963

Title TREASURER
Name ANDERSON, TACIE J
Address 1415 SHORELANDS DR. N
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name TATE, CORI
Address 1425 SHORELANDS DR. WEST
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name FENNELL, KATHY
Address 1435 SHORELANDS DRIVE WEST
City-State-Zip: VERO BEACH FL 32963

Title VP
Name BLACK, LISA
Address 1395 SHORELANDS DR. N.
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY
Name HRYWNAK, MARY ANN
Address 1435 SHORELANDS DR. N.
City-State-Zip: VERO BEACH FL 32963

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: LISA M ZOCK

PRESIDENT

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date