

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06008

Entity Name: SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O RALPH L. EVANS, ESQ.
756 BEACHLAND BLVD.
VERO BEACH, FL 32963**Current Mailing Address:**P O BOX 643741
VERO BEACH, FL 32964 US**FEI Number:** 59-2533808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, RALPH L
756 BEACHLAND BLVD.
VERO BEACH, FL 32963 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

04/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ANDERSON, ROLAND F
Address 1415 SHORELANDS DRIVE NORTH
City-State-Zip: VERO BEACH FL 32963

Title VPD
Name BURGE, JR, KELMAR M
Address 1375 SHORELANDS DR N
City-State-Zip: VERO BEACH FL 32963

Title S, T
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 DIRECTOR
Name BLACK, LISA
Address 1395 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: TACIE J. ANDERSON**SECRETARY/TREASURER** 04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date