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. PRESIDENT

Title	PRESIDENT	Title	DIRECTOR
Name	MARION, VANESSA	Name	BRUCKER, SOPHIA
Address	5901 US HIGHWAY 19 SUITE 7Q	Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 3
Title	TREASURER	Title	SECRETARY
Name	VAUX, DAWN	Name	SMITH, LASHAWN
Address	5901 US HIGHWAY 19 SUITE 7Q	Address	5901 US HIGHWAY 19 SUITE 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 3

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.

Name and Addre	ess of Current Regis
QUALIFIED PROPER	TY MANAGEMENT INC

Current Mailing Address:

SUITE 7Q NEW PORT RICHEY, FL 34652 US

N C 5901 US HIGHWAY 19 SUITE 7Q

SIGNATURE: MARY BURNARD

NEW PORT RICHEY, FL 34652 US

Officer/Director Detail :

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N1400002198

Entity Name: SHERMAN HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 US HIGHWAY 19 SUITE 7Q NEW PORT RICHEY, FL 34652

5901 US HIGHWAY 19

FEI Number: 47-1786500

stered Agent:

Electronic Signature of Registered Agent

SIGNATURE: VANESSA MARION Electronic Signature of Signing Officer/Director Detail 07/10/2024 Date

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Certificate of Status Desired: No

07/10/2024

FILED Jul 10, 2024 Secretary of State 9915678919CC