

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 736753

Entity Name: SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, INC.

FILED
Oct 22, 2019
Secretary of State
3276707981CC

Current Principal Place of Business:

C/O ASSOCIA GULF COAST
9887 4TH ST N SUITE 301
SAINT PETERSBURG, FL 33702

Current Mailing Address:

9887 4TH STREET NORTH,
SUITE 301
SAINT PETERSBURG, FL 33702 US

FEI Number: 59-1947686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
9887 4TH STREET NORTH,
SUITE 301
SAINT PETERSBURG, FL 33702 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: JOHN HENSLEY

10/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BATEMAN, GEORGETTA
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title P
Name FAWCETT, CONNIE
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title VP
Name EWAIN, LARRY
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title SECRETARY
Name LEWIS, CAROLYN
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR
Name MUSCATO, ROBERT
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title ASST. SECRETARY
Name FRASER, LINDA
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

Title ASST. TREASURER
Name ALSPAUGH, JOYCE
Address C/O ASSOCIA GULF COAST
 9887 4TH ST N SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33702

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: CONNIE FAWCETT

PRESIDENT

10/22/2019

