

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736753

Entity Name: SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, INC.**FILED**
Jan 12, 2017
Secretary of State
CC3766010893**Current Principal Place of Business:**3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243**Current Mailing Address:**3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243 US**FEI Number: 59-1947686****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RCM REALTY GROUP
3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BATEMAN, GEORGETTA
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title P
Name FAWCETT, CONNIE
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title VP
Name EWAIN, LARRY
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title SECRETARY
Name LEWIS, CAROLYN
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name MUSCATO, ROBERT
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title ASST. SECRETARY
Name FRASER, LINDA
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title ASST. TREASURER
Name BRAMMER, VERNA
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

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****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date