

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736753

**FILED  
Mar 06, 2018  
Secretary of State  
CC7543262291**

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

**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 ASST. 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 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**

**03/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date