

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736753

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**4138451144CC**

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

**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****04/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 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 SELLERS, SHARON  
Address C/O ASSOCIA GULF COAST  
9887 4TH ST N SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

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

Title TREASURER  
Name DROPPING, GAIL  
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****04/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date