2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736753

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

Current Principal Place of Business:

6710 ELLENTON-GILLETTE RD.
PALMETTO, FL 34221

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		Title	P
Name	BATEMAN, GEORGETTA		Name	FAWCETT, CONNIE
Address	6710 ELLENTON-GILLETTE RD.		Address	6710 ELLENTON-GILLETTE RD.
City-State-Zip:	PALMETTO FL 34221		City-State-Zip:	PALMETTO FL 34221
Title	VP		Title	SECRETARY
Name	EWAIN, LARRY		Name	LEWIS, CAROLYN
Address	6710 ELLENTON-GILLETTE RD.		Address	6710 ELLENTON-GILLETTE RD.
City-State-Zip:	PALMETTO FL 34221		City-State-Zip:	PALMETTO FL 34221
Title	DIRECTOR		Title	ASST. SECRETARY
Name	MUSCATO, ROBERT		Name	FRASER, LINDA
Address	6710 ELLENTON GILLETTE RD		Address	6710 ELLENTON GILLETTE RD
City-State-Zip:	PALMETTO FL 34221		City-State-Zip:	PALMETTO FL 34221
Title	ASST. TREASURER			
Name	BRAMMER, VERNA			
Address	6710 ELLENTON GILLETTE RD			
City-State-Zip:	PALMETTO FL 34221			

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: GEORGETTA BATEMAN   T   02/06/2015

Electronic Signature of Signing Officer/Director Detail   Date