

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 736753

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

**Current Principal Place of Business:**

3820 63RD ST. E.  
PALMETTO, FL 34221

**Current Mailing Address:**

3310 US HWY 301 N.  
ELLENTON, FL 34222 US

**FEI Number:** 59-1947686

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEWBY MANAGEMENT  
3310 US HWY 301 N.  
ELLENTON, FL 34222 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 HALL

05/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FAWCETT, CONNIE  
Address        6710 36TH AVE E, #320  
City-State-Zip: PALMETTO FL 34221

Title            VP  
Name            JACKSON, STEVEN  
Address        6710 36TH AVE E, #387  
City-State-Zip: PALMETTO FL 34221

Title            SECRETARY  
Name            LEWIS, CAROLYN  
Address        6710 36TH AVE E, #28  
City-State-Zip: PALMETTO FL 34221

Title            TREASURER  
Name            DROPPING, GAIL  
Address        6710 36TH AVE E, #167  
City-State-Zip: PALMETTO FL 34221

Title            ASSISTANT SECRETARY  
Name            SELLERS, SHARON  
Address        6710 36TH AVE E, #379  
City-State-Zip: PALMETTO FL 34221

Title            DIRECTOR  
Name            ALSPAUGH, JOYCE  
Address        6710 36TH AVE E, #287  
City-State-Zip: PALMETTO FL 34221

Title            ASSISTANT TREASURER  
Name            STAGEBERG, KAREN  
Address        6710 36TH AVE E, #14  
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:** CONNIE FAWCETT

PRESIDENT

05/26/2022

Electronic Signature of Signing Officer/Director Detail

Date