

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749868

Entity Name: SHAKERWOOD ASSOCIATION, INC.**Current Principal Place of Business:**C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467**Current Mailing Address:**C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467 US**FEI Number:** 59-2543691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAJDERA, CHRIS ESQ.
3335 NW BOCA RATON BLVD.
BOCA RATON, FL 33431 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:** CHRIS SAJDERA

01/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WALBORN, HEATHER
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	CHAN, MOHAMED
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	VP
Name	MALAVE, KRISTEN
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	MARTIN, PATRICIA
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

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: HEATHER WALBORN

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date