2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2016
Secretary of State
CC3521651530

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Entity Name: SHAKERWOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC.
6620 LAKE WORTH ROAD SUITE F
LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC.
6620 LAKE WORTH ROAD 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 04/14/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP	Title	TREASURER
Name	SCINSKI, SONIA	Name	PYTEL, ROY
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DS	Title	D
Name	REVE, LISA	Name	WHARTON, KAY
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467	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: SCINSKI , SONIA PRESIDENT 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date