

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749868

Entity Name: SHAKERWOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 59-2543691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAJDERA, CHRIS ESQ.
200 EAST PALMETTO PARK RD.
SUITE 103
BOCA RATON, FL 33432 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

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALBORN, HEATHER
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY, TREASURER
Name SCHWALM, KATELYN
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name VALLS, ALI
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name MARTIN, PATRICIA
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: WALBORN , HEATHER

PRESIDENT

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date