2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 04, 2023
Secretary of State
8886817225CR

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 04/04/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	WALBORN, HEATHER	Name	MALAVE, KRISTEN
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309	Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	SECRETARY	Title	DIRECTOR
Name	SCHWALM, KATELYN	Name	MARTIN, PATRICIA
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309	Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	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: HEATHER WALBORN PRESIDENT 04/04/2023

Electronic Signature of Signing Officer/Director Detail — Date