

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754790

FILED
Jun 01, 2020
Secretary of State
3556748539CC

Entity Name: SHADOWBAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

932 N. MAITLAND AVE.
STE A
MAITLAND, FL 32751

Current Mailing Address:

C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
MAITLAND, FL 32751 US

FEI Number: 59-0214451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE.
STE A
MAITLAND, FL 32751 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: MARILYN VINCE

06/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name PUGHE, DEBORAH L
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name KRUMMICK, GEORGENE
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT
Name RAYLOTS, JOETTA L
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name JIM , ZIRKEL
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name HARRIS, SHAWN
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name JENKINS, KIMBERLY
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name RINTELMANN, YONNA
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

Title MANAGER
Name ROGHELIA, ASHLEY
Address C/O TOP NOTCH MANAGEMENT SERVICES
932 N. MAITLAND AVE. STE A
City-State-Zip: MAITLAND FL 32751

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: ASHLEY ROGHELIA

MANAGER

06/01/2020

