### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001337

Entity Name: SHADOW PINES HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 05, 2024
Secretary of State
4098836106CC

# **Current Principal Place of Business:**

1 MICHAELA LANE

SANTA ROSA BEACH, FL 32459

## **Current Mailing Address:**

148 KEL-WEN CIRCLE DESTIN, FL 32541 US

FEI Number: 20-2334222 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

PANHANDLE COMMUNITY ASSOCIATION MANAGEMENT 148 KEL-WEN CIRCLE DESTIN, FL 32541 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: JAY PURUT, LCAM 01/05/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	VP	Title	PRESIDENT
Name	MOSS, MICHELLE	Name	STAMPER, ERIC
Address	148 KEL-WEN CIRCLE	Address	148 KEL-WEN CIRCLE
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541

Title **TREASURER** Title **SECRETARY** Name RHOTON, ANGELA Name MILLER, NICK Address 148 KEL-WEN CIRCLE Address 148 KEL-WEN CIRCLE DESTIN FL 32541 City-State-Zip: City-State-Zip: DESTIN FL 32541

Title DIRECTOR Title MANAGER

NameMLINSK, JENNYNamePURUT, JAY LCAMAddress148 KEL-WEN CIRCLEAddress148 KEL-WEN CIRCLECity-State-Zip:DESTIN FL 32541City-State-Zip:DESTIN FL 32541

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: JAY PURUT LCAM 01/05/2024