2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001337

Entity Name: SHADOW PINES HOMEOWNERS' ASSOCIATION, INC.

FILED Mar 25, 2016 **Secretary of State** CC6701358042

Current Principal Place of Business:

2441 U S HWY 98 W

STE 101

SANTA ROSA BEACH, FL 32459

Current Mailing Address:

2441 U S HWY 98 W

STE 101

SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-2334222 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT SERVICES, LLC 2441 U S HWY 98 W

STE 101

SANTA ROSA BEACH, FL 32459 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: WALTER R PRITCHETT

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title D. V

QUINN, NOELLE Name Name HUTCHISON, WYLIE

2441 U S HWY 98 W 2441 U S HWY 98 W Address Address STE 101 STE 101

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title D, T Title D S

Name DELAWALLA, AMIN F Name PARKER, ROBERT

2441 U S HWY 98 W 2441 U S HWY 98 W Address Address

STE 101 STE 101

City-State-Zip: SANTA ROSA BEACH FL 32459 City-State-Zip: SANTA ROSA BEACH FL 32459

Title D

BISHOP, JERRY Name 2441 U S HWY 98 W Address

STE 101

City-State-Zip: SANTA ROSA BEACH FL 32459

Electronic Signature of Signing Officer/Director Detail

03/25/2016

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.