## Commonwealth of Kentucky Michael G. Adams, Secretary of St

0464892 Michael G. Adams KY Secretary of State Received and Filed 3/21/2025 2:59:09 PM Fee receipt: \$15.00

|                           | 1                                 |  |     |  |
|---------------------------|-----------------------------------|--|-----|--|
| Michael G.<br>Secretary   |                                   | Annual Report  |     |  |
| P. O. Box                 |                                   | •  | ARP |  |
| Frankfort, KY             |                                   | Online Filing  |     |  |
| (502) 564                 |                                   | For the Year 2025  |     |  |
| http://www.s              |                                   |  |     |  |
|                           | 03.Ky.gov                         |  |     |  |
| 0                         |                                   |  |     |  |
| Company:                  |                                   | SHETLANDS HOMEOWNERS ASSOCIATION, INC.   |     |  |
| Company ID:               | 0464892                           |  |     |  |
| State of origin:          |                                   | 11/17/1998 12:00:00 AM   |     |  |
| Formation date            |                                   |  |     |  |
| Date filed:               |                                   | 2:57:34 PM   |     |  |
| Fee:                      | \$15.00                           |  |     |  |
| Principal Office          |                                   | ED WE  |     |  |
|                           | ASSOCIATION TEAM                  |  |     |  |
| 3141 CAVERSHA             |                                   |  |     |  |
| LEXINGTON, KY             | 40509                             |  |     |  |
|                           |                                   |  |     |  |
| Registered Age            | ent Name/Address                  | STATE /  |     |  |
| TAMARA M WALT             | ERS                               |  |     |  |
| C/O COMMUNITY             | ASSOCIATION TEAM                  |  |     |  |
| 3141 CAVERSHAM PARK LN    |                                   |  |     |  |
| LEXINGTON, KY             | 10509                             |  |     |  |
|                           |                                   |  |     |  |
| Current Office            |                                   |  |     |  |
| President                 | ALYSSA RYAN                       | 2608 Red Leaf Dr; Lexington, KY 40509  |     |  |
| Secretary                 | APRIL SPELLMAN                    | 2608 Red Leaf Dr; Lexington, KY 40509  |     |  |
| Treasurer                 | L THOMAS RICHARDS                 |  |     |  |
| Vice President            | JANICE PRATT                      | 2608 Red Leaf Dr; Lexington, KY 40509  |     |  |
|                           |                                   |  |     |  |
| Directors                 |                                   |  |     |  |
| Director                  | DANIEL DAUGHERTY                  | 2608 Red Leaf Dr; Lexington, KY 40509  |     |  |
| Director                  | ALYSSA RYAN                       | 2608 Red Leaf Dr; Lexington, KY 40509  |     |  |
| Director                  | L THOMAS RICHARDS<br>JANICE PRATT |  |     |  |
| Director<br>Director      | APRIL SPELLMAN                    | 2608 Red Leaf Dr; Lexington, KY 40509<br>2608 Red Leaf Dr; Lexington, KY 40509 |     |  |
| Director                  | AFRIL SPELLIVIAN                  | 2000 Red Lear Dr, Lexington, RT 40009  |     |  |
|                           |                                   |  |     |  |
| Country                   | FAYETTE                           | -  |     |  |
| County:<br>Business size: | Small                             | -  |     |  |
|                           |                                   | ship Organizations   |     |  |
| Business type:            | Membership Organizations          |  |     |  |
| Signatures                |                                   |  |     |  |
| Signature                 | Tamara M \                        | Walters  |     |  |
| Title                     |                                   |  |     |  |
|                           | itle Association Manager          |  |     |  |
|                           |                                   |  |     |  |

NARP