

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90255 027 \*\*\*\*61.25

**DOCUMENT # N04058**

1. Entity Name  
**SUMMERFIELD MASTER COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US**

Mailing Address

**7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2479864**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, ANTONIO I  
11959 N FLORIDA AVENUE  
~~STE 600~~  
TAMPA FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete  
NAME **VALENTI, BETTY D**  
STREET ADDRESS **4902 EISENHOWER BLVD STE 380**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
NAME **BARNES, JEFF**  
STREET ADDRESS **11204 SAILBROOK DR**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WINTER, LUKE**  
STREET ADDRESS **11405 SMOKETHORN DRIVE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☒ Change ☐ Addition  
NAME **WINTERS, LUKE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **POLLARD, JEFF**  
STREET ADDRESS **12848 TALLOWOOD DRIVE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **APARICIO, LUKE**  
STREET ADDRESS **4902 EISENHOWER BLVD STE 380**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DT** ☒ Change ☐ Addition  
NAME **APARICIO, NICK**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Delete  
NAME **LASHLEY, JAMES**  
STREET ADDRESS **311 PARK PLACE STE 600**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ Change ☒ Addition  
NAME **THOMPSON III, J. CLAY**  
STREET ADDRESS **311 PARK PLACE, SUITE 600**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Valenti* **BETTY VALENTI**

*4/10/03* **813 901-5263**

CR2E037 (10/02)