

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90129 015 ****61.25

DOCUMENT # N02000003805

1. Entity Name

**SUMMERPORT COMMERCIAL PROPERTY OWNERS' ASSOCIATI
ON, INC.**



Principal Place of Business

**527 MAIN STREET
WINDERMERE FL 34786**

Mailing Address

**527 MAIN STREET
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

46-0487572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARR, THOMAS J JR.
527 MAIN STREET
WINDERMERE FL 34786**

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	VD	<input type="checkbox"/> Delete
NAME	KARR, THOMAS J JR.	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEILL, EDWARD	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD R JR.	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHN L. "CHIP" WEBB	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAMELL, JOSEPH	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)