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: TERESA STEPHENS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0000004124

Entity Name: SUMMER TOWNE OWNERS ASSOCIATION, INC.

# Current Principal Place of Business:

16328 FRONT BEACH RD PANAMA CITY BEACH, FL 32413

# **Current Mailing Address:**

POST OFFICE BOX 20293 PANAMA CITY BEACH, FL 32417

## FEI Number: 59-3702717

### Name and Address of Current Registered Agent:

STEPHENS & ASSOCIATES OF PC, INC. 315 N HIGHWAY 79 PANAMA CITY BEACH, FL 32413 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	SD	Title	DIRECTOR
Name	STEPHENS, TERESA	Name	ELICK, LARRY
Address	315 N HIGHWAY 79	Address	135 NORTH DRIVE
City-State-Zip:	PANAMA CITY BEACH, FL 32413	City-State-Zip:	GENEVA IN 36740

DIRECTOR

04/17/2015 Date

FILED Apr 17, 2015 Secretary of State CC5905291737

Certificate of Status Desired: No

Date