

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004347

**Entity Name:** ESTATES AT SUMMER LAKES CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

**FILED  
Apr 22, 2019  
Secretary of State  
6017975103CC**

**Current Principal Place of Business:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number: 59-3689945**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BONO, MICHAEL  
640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 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: MICHAEL L BONO**

**04/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DOYLE, MICHAEL  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name BARBER, DEAN  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title S  
Name DISTLER, STEVE  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title T  
Name FIALO, ANGELO  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name NESTOR, MARCIA  
Address 640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

*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: DEAN BARBER**

**PRESIDENT**

**04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date