

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

DOCUMENT# N00000005990

**Entity Name:** SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD.  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD.  
GREENACRES, FL 33463 US

**FEI Number:** 65-1070281

**Certificate of Status Desired:** No

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

ROSENTHAL, DAVID  
C/O PHOENIX MANAGEMENT SERVICES, INC.  
6131B LAKE WORTH RD.  
GREENACRES, FL 33463 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

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PLAZA, NANCY  
Address        6131B LAKE WORTH RD.  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            SINGH, MICHELE  
Address        6131B LAKE WORTH RD  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            KUPIEC, LYNDA  
Address        6131B LAKE WORTH RD  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            SALVANT, KEISHA  
Address        6131 B LAKE WORTH ROAD  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            FIORENZA, CAROL  
Address        6131 B LAKE WORTH RD  
City-State-Zip: GREENACRES FL 33463

*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:** NANCY PLAZA

**PRESIDENT**

**03/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date