## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003805

**Entity Name: SUMMERPORT COMMERCIAL PROPERTY OWNERS'** 

ASSOCIATION, INC.

## **Current Principal Place of Business:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

## **Current Mailing Address:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

FEI Number: 46-0487572 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 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: JAMES W HART JR 04/19/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR Name SHAW, STEVE Name BAGLEY, JIM

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title SECRETARY, TREASURER, **DIRECTOR** 

Name LIEB, STEVE Name GARCIA, HOLLY

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779 City-State-Zip:

City-State-Zip: LONGWOOD FL 32779

Title **DIRECTOR** 

Name MULLENDORE, LEDA

Address 2180 WEST SR 434 STE 5000

LONGWOOD FL 32779 City-State-Zip:

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.

04/19/2015 SIGNATURE: STEVE SHAW PRESIDENT

**FILED** Apr 19, 2015

Secretary of State

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