

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003805

**Entity Name:** SUMMERPORT COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC1364550348**

**Current Principal Place of Business:**

620 N WYMORE ROAD  
SUITE 240  
MAITLAND, FL 32751

**Current Mailing Address:**

620 N WYMORE ROAD  
SUITE 240  
MAITLAND, FL 32751 US

**FEI Number: 46-0487572**

**Certificate of Status Desired: No**

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

MAHNKE, ALICE F  
620 N WYMORE ROAD  
SUITE 240  
MAITLAND, FL 32751 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:** ALICE F MAHNKE

**01/23/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SHAW, STEVE  
Address        620 N WYMORE ROAD  
                 SUITE 240  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            GARCIA, HOLLY  
Address        620 N WYMORE ROAD  
                 SUITE 240  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            LIEB, STEVE  
Address        620 N WYMORE ROAD  
                 SUITE 240  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            MULLENDORE, LEDA  
Address        620 N WYMORE ROAD  
                 SUITE 240  
City-State-Zip: MAITLAND FL 32751

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:** STEVE SHAW

**PRESIDENT**

**01/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date