

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003805

Entity Name: SUMMERPORT COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Jan 24, 2017
Secretary of State
CC2368296342**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:**GREYSTONE MANAGEMENT COMPANY
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:**_____
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 32751Title VP, DIRECTOR
Name BAGLEY, JIM
Address 620 N WYMORE ROAD
 SUITE 240
City-State-Zip: MAITLAND FL 32751Title SECRETARY, TREASURER,
 DIRECTOR
Name GARCIA, HOLLY
Address 620 N WYMORE ROAD
 SUITE 240
City-State-Zip: MAITLAND FL 32751Title DIRECTOR
Name LIEB, STEVE
Address 620 N WYMORE ROAD
 SUITE 240
City-State-Zip: MAITLAND FL 32751Title 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****01/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date