

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005935

Entity Name: SUMMERVIEW OAKS PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Apr 17, 2024
Secretary of State
8883868513CC

Current Principal Place of Business:

212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 56-2407475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 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: CHRISTINE M TRIMMER

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DIAZ, ALTAGRACIA
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT
Name JOSEY, VANESSA
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name ANGELONE-PHELPS, ASHLEY
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name ESCALERA, AWILDA
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title LICENSED COMMUNITY ASSOCIATION MANAGER
Name TRIMMER, CHRISTINE M
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY
Name BROTHERS, DAWN
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

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: CHRISTINE TRIMMER

LICENSED COMMUNITY ASSOCIATION MANAGER

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date