

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006191

Entity Name: SUMMERPORT RESIDENTIAL PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**14501 BLUEBIRD PARK ROAD
WINDERMERE, FL 32786**Current Mailing Address:**14501 BLUEBIRD PARK ROAD
WINDERMERE, FL 32786**FEI Number: 04-3709524****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ARMSTRONG, JANICE C
1001 N LAKE DESTINY RD STE 125
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
Name	STAFFORD, DOUG
Address	14101 ANCILLA BLVD
City-State-Zip:	WINDERMERE FL 34786

Title	TREASURER
Name	LOMBARDO, JOHN
Address	13263 SUNKISS LOOP
City-State-Zip:	WINDERMERE FL 34786

Title	SECRETARY
Name	PROTO, BARBARA
Address	13845 AMELIA POND DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	VP
Name	FISHER, STEVE
Address	14501 BLUEBIRD PARK ROAD
City-State-Zip:	WINDERMERE FL 32786

Title	DIRECTOR
Name	DONDEY, THOMAS
Address	5414 KUMQUAT LOOP
City-State-Zip:	WINDERMERE FL 34786

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: DOUG STAFFORD**PRESIDENT****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date