

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006191

Entity Name: SUMMERPORT RESIDENTIAL PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Apr 26, 2019
Secretary of State
3444467324CC**Current Principal Place of Business:**ARTEMIS LIFESTYLES
1631 E VINE STREET SUITE 300
KISSIMMEE , FL 34744**Current Mailing Address:**ARTEMIS LIFESTYLES
1631 E VINE STREET SUITE 300
CHAMPIONS GATE, FL 34744 US**FEI Number: 04-3709524****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DANN, LORI
ARTEMIS LIFESTYLES
1631 E VINE STREET SUITE 300
KISSIMMEE , FL 34744 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: LORI DANN****04/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	LOEFFERT, JEFF
Address	1631 E VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744

Title	SECRETARY
Name	RYEL, SCOTT
Address	1631 E VINE STREET SUITE 300
City-State-Zip:	CHAMPIONS GATE FL 34744

Title	TREASURER
Name	FISHER, STEVEN
Address	1631 E VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744

Title	PRESIDENT
Name	PERAKES, NICK
Address	1631 E VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744

Title	VP
Name	WOLF, SCOTT
Address	1631 E VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744

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: NICK PERAKES**PRESIDENT****04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date