

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006464

**Entity Name:** SUMMER PLACE ESTATES HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**0333594078CC****Current Principal Place of Business:**108 EGLIN PKWY SE  
FORT WALTON BEACH, FL 32548**Current Mailing Address:**POST OFFICE BOX 4457  
FT. WALTON BEACH, FL 32549**FEI Number: 20-1528324****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, JOHN HENRY G  
1942 KADIMA CIRCLE  
FORT WALTON BEACH, FL 32547 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: JOHN HENRY G. WILLIAMS****04/23/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MEMBER AT ARMS

Name HENRY, JOHN

Address 1954 KADIMA CIR

City-State-Zip: FORT WALTON BEACH FL 32547

Title VP

Name SHEETS, PAM

Address 1938 KADIMA CIR

City-State-Zip: FORT WALTON BEACH FL 32547

Title TREASURER

Name WILLIAMS, JOHN HENRY G

Address 1942 KADIMA CIRCLE

City-State-Zip: FORT WALTON BEACH FL 32547

Title PRESIDENT

Name GORDON, JUSTIN A

Address 1952 KADIMA CIR

City-State-Zip: FORT WALTON BEACH FL 32547

Title SECRETARY

Name ANDERSON, BRAD D

Address 1950 KADIMA CIRCLE

City-State-Zip: FORT WALTON BEACH FL 32547

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: JOHN HENRY WILLIAMS****TREASURER****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date