

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

DOCUMENT# N03000006709

**FILED**  
**Mar 23, 2020**  
**Secretary of State**  
**9377224619CC**

**Entity Name:** SUMMERBROOKE PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1402 NE 51ST LOOP  
OCALA, FL 34479

**Current Mailing Address:**

1402 NE 51ST LOOP  
OCALA, FL 34479 US

**FEI Number: 34-2013139**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MERTON, BRUCE  
1402 NE 51ST LOOP  
OCALA, FL 34479 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: BRUCE MERTON**

**03/23/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MERTON, BRUCE  
Address        1402 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479

Title            TREASURER  
Name            CONNER, BRENDA  
Address        5210 NE 11TH AVE  
City-State-Zip: Ocala FL 34479

Title            SECRETARY  
Name            CLAYTOR, DALE  
Address        1253 NE 51ST PLACE  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            SHEFFIELD, WILLIAM BURT  
Address        5211 NE 11TH AVE  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            HOPKINS, MICHAEL  
Address        5240 NE 11TH AVE  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            OSTERBRINK, PATRICIA  
Address        5220 NE 14TH COURT  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            WEEKS, SCOTT  
Address        1237 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            BENNETT, CHRISTINE  
Address        1162 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479

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*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: BRENDA CONNER**

**TREASURER**

**03/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DIXON, STEVEN  
Address        1138 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479