

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006709

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

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**1261565855CC**

**Current Principal Place of Business:**

1426 NE 51ST LOOP  
OCALA, FL 34479

**Current Mailing Address:**

1426 NE 51ST LOOP  
OCALA, FL 34479 US

**FEI Number: 34-2013139**

**Certificate of Status Desired: No**

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

RAMSEY, BENJAMIN  
1426 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: BENJAMIN RAMSEY**

**02/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAMSEY, BENJAMIN  
Address        1426 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479

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

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

Title            VP  
Name            RUDNIANYN, HEATHER  
Address        1189 NE 51ST PL  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            FLYNN, TIM  
Address        1305 NE 51ST LOOP  
City-State-Zip: Ocala FL 34479

Title            DIRECTOR  
Name            HARRIS, JESSE  
Address        5240 NE 14TH CT  
City-State-Zip: Ocala FL 34479

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

Title            DIRECTOR  
Name            RUDNIANYN, STEVE  
Address        1189 NE 51ST PLACE  
City-State-Zip: Ocala FL 34479

*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: KRISTI DIXON**

**TREASURER**

**02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date