## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006709

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

**FILED** Apr 08, 2018 **Secretary of State** CC8093118044

Date

Date

## **Current Principal Place of Business:**

1237 NE 51ST LOOP OCALA, FL 34479

## **Current Mailing Address:**

1237 NE 51ST LOOP OCALA, FL 34479 US

FEI Number: 34-2013139 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WEEKS, SCOTT 1237 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: SCOTT WEEKS 04/08/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** OSTERBRINK, PATRICIA WEEKS, SCOTT Name Name

5220 NE 14TH COURT 1237 NE 51ST LOOP Address Address

City-State-Zip: OCALA FL 34479 OCALA FL 34479 City-State-Zip:

Title **SECRETARY** Title **TREASURER** Name GIBSON, JAMIE Name CONNER, BRENDA

Address 1261 NE 51ST LOOP Address 5210 NE 11TH AVE

OCALA FL 34479 City-State-Zip: OCALA FL 34479 City-State-Zip:

Title DIRECTOR ۱/P Title

Name SHEFFIELD. WILLIAM BURT Address 1402 NE 51ST LOOP Address 5211 NE 11TH AVE

City-State-Zip: OCALA FL 34479 City-State-Zip: OCALA FL 34479

Title DIRECTOR

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

Electronic Signature of Signing Officer/Director Detail

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.

Name

MERTON, BRUCE

04/08/2018 SIGNATURE: BRENDA CONNER **TREASURER**