

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04058

Entity Name: SUMMERFIELD MASTER COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**13011 SUMMERFIELD BLVD.
RIVERVIEW, FL 33579**Current Mailing Address:**13011 SUMMERFIELD BLVD.
RIVERVIEW, FL 33579 US**FEI Number:** 59-2479864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUARTE, III, ANTONIO ESQUIRE
6221 LAND O LAKES BLVD
LAND O LAKES, FL 34638 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name ROWLAND, PHILLIP
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title VP
Name PERSON, DALE
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title SECRETARY
Name BANKO, BRITTANY
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title TREASURER
Name GARCIA, MARIO V. JR.
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title DIRECTOR
Name BROWN, DEENA
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title OFFICE MANAGER
Name NEALLY, MICHELE
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title DIRECTOR
Name MANN, DOUG
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

Title DIRECTOR
Name SCHOTT, REMY
Address 13011 SUMMERFIELD BLVD.
City-State-Zip: RIVERVIEW FL 33579

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: MICHELE NEALLY**OFFICE MANAGER****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date