

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04058

Entity Name: SUMMERFIELD MASTER COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9887 FOURTH STREET NORTH
SUITE 301
ST PETERSBURG, FL 33702**Current Mailing Address:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US**FEI Number:** 59-2479864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKEY, ERIC W ESQ.
410 S WARE BLVD STE 606
TAMPA FL 33619 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:** RAMPART

04/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ABRUZZESE, ROBERT
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST PETERSBURG FL 33702

Title VPD
Name DICKEY, STEVEN
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST PETERSBURG FL 33702

Title SD
Name JAEGER, JOSEPH
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name MIDKIFF, RONNIE
Address 9887 FOURTH STREET NORTH #301
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name FRANCE, ANNY
Address 9887 FOURTH STREET NORTH, #301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name FLORA, CLARA
Address 9887 FOURTH STREET NORTH, #301
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name GARCIA, MARIO
Address 9887 FOURTH STREET NORTH, #301
City-State-Zip: ST. PETERSBURG FL 33702

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: ROBERT ABRUZZESE

PRESIDENT

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date