

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005042

**Entity Name:** SUMMERWOOD OF SHALIMAR HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**4020436427CC**

**Current Principal Place of Business:**

4400 HWY 20 E STE 311  
NICEVILLE , FL 32578

**Current Mailing Address:**

4400 HWY 20 E STE 311  
NICEVILLE, FL 32578 US

**FEI Number:** 71-0984872

**Certificate of Status Desired:** No

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

LANDSBERGER, LAURA  
4400 HWY 20 E STE 311  
NICEVILLE, FL 32578 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:** LAURA LANDSBERGER

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name SMITH, JAMES R  
Address 701 NW ANCHORS STREET  
City-State-Zip: FORT WALTON BEACH FL 32548

Title REGISTERED AGENT  
Name LANDSBERGER, LAURA  
Address 4400 HWY 20 EAST  
SUITE 311  
City-State-Zip: NICEVILLE FL 32578

Title SECRETARY  
Name ECKERT, STACEY  
Address 4400 HWY 20 EAST  
SUITE 311  
City-State-Zip: NICEVILLE FL 32578

Title TREASURER  
Name SMITH, ROBERT  
Address 4400 HWY 20 EAST  
SUITE 311  
City-State-Zip: NICEVILLE FL 32578

*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:** LAURA LANDSBERGER

**REGISTERED AGENT**

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date