## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011475

Entity Name: SUMMER LAKE HOMEOWNERS ASSOCIATION OF

TALLAHASSEE, INC.

**Current Principal Place of Business:** 

644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301

**Current Mailing Address:** 

PO BOX 13089

TALLAHASSEE, FL 32317 US

FEI Number: 20-5544881 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 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

FILED Apr 27, 2018

**Secretary of State** 

CC6227183427

Officer/Director Detail:

Title SECRETARY Title PRESIDENT

Name PARMAR, SID Name CHAVIANO, PETE

Address 644 CAPITAL CIRCLE NE Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER Title MANAGER/AGENT

Name TA, JOHNNY Name RHINEHART, ROBERT S

Address 644 CAPITAL CIRCLE NE Address PO BOX 13089

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32317

Title VP Title DIRECTOR

Name MARTINI, LAURIE Name AKANBI, MONIQUE

Address 644 CAPITAL CIRCLE NE Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

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 RHINEHART

REGISTERED AGENT

04/27/2018