

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011475

Entity Name: SUMMER LAKE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

FILED
Apr 30, 2024
Secretary of State
4430533696CC

Current Principal Place of Business:

1616 METROPOLITAN CIRCLE
SUITE C
TALLAHASSEE, FL 32308

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 20-5544881

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
1616 METROPOLITAN CIRCLE
SUITE C
TALLAHASSEE, FL 32308 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: JOANIE TROTMAN

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name STEVENS, MARK
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DVP
Name ASBURY, THOMAS
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGER/AGENT
Name FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title D
Name PURSINO, PETER
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title D
Name COLEMAN, FRAK
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title D
Name GREENBLATT, BONNIE
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

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: JOANIE TROTMAN

CAM

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date