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: KAYLA MCKEE

Electronic Signature of Signing Officer/Director Detail

06/25/2020

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

Name and Address of Current Registered Agent:

MCKEE, KAYLA 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301 US FILED Jun 25, 2020 Secretary of State 2987503064CC

Certificate of Status Desired: No

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	KAYLA MCKEE			06/25/2020
	Electronic Signature of Registered Agent			Date
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	MCKEE, KAYLA	
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	

Date