

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011475

Entity Name: SUMMER LAKE HOMEOWNERS ASSOCIATION OF
TALLAHASSEE, INC.**FILED**
Apr 26, 2019
Secretary of State
0856020137CC**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:**MCKEE, KAYLA
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: KAYLA MCKEE****04/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	PARMAR, SID
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	CHAVIANO, PETE
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	TA, JOHNNY
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER/AGENT
Name	MCKEE, KAYLA
Address	PO BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	VP
Name	MARTINI, LAURIE
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	AKANBI, MONIQUE
Address	644 CAPITAL CIRCLE NE
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: KAYLA MCKEE**REGISTERED AGENT****04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date