

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

DOCUMENT# N06000007460

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**3161896782CC**

**Entity Name:** VILLAGES OF 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

**FEI Number:** 20-5547269

**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            PRESIDENT  
Name            STEVENS, MARK  
Address        644 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            WALKER, JILL  
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            FOXWORTHLY, RYAN  
Address        644 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32301

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

Title            TREASURER  
Name            ASBURY JR, TOM  
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