

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2018
Secretary of State
CC0890065065

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:

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

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 RHINEHART, ROBERT S
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: ROBERT S RHINEHART

REGISTERED AGENT

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date