

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007460

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**6976882036CC**

**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

06/25/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MANAGER/AGENT

Name MCKEE, KAYLA

Address PO BOX 13089

City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER

Name THURSAM, MATT

Address 644 CAPITAL CIRCLE NE

City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY

Name PARTEN, KELSEY

Address 644 CAPITAL CIRCLE NE

City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT

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

MANAGING AGENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date