

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001134

**FILED**  
**Mar 12, 2021**  
**Secretary of State**  
**3797302659CC**

**Entity Name:** SUMMIT MEDICAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 CITIZENS BLVD, SUITE 150  
LEESBURG, FL 34748

**Current Mailing Address:**

1300 CITIZENS BLVD, SUITE 150  
LEESBURG, FL 34748 US

**FEI Number: 30-0555697**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ERA GIZZARD REAL ESTATE  
1300 CITIZENS BLVD, SUITE 150  
LEESBURG, FL 34748 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, DIRECTOR, SECRETARY  
Name            UPADYA, ANU  
Address        1300 CITIZENS BLVD STE 150  
City-State-Zip: LEESBURG FL 34748-3966

Title            VP, DIRECTOR  
Name            BULL, SCOTTIE  
Address        1300 CITIZENS BLVD, SUITE 150  
City-State-Zip: LEESBURG FL 34748

Title            TREASURER, DIRECTOR  
Name            SMIRNOFF, ALEX  
Address        1300 CITIZENS BLVD  
                  SUITE 150  
City-State-Zip: LEESBURG FL 34748

*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: ANU UPADYA

PRESIDENT

03/12/2021

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date