

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13778

**Entity Name:** SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC7028587709**

**Current Principal Place of Business:**

401 CETERPOINTE DRIVE  
SUITE 1565  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 160128  
ALTAMONTE SPRINGS, FL 32716

**FEI Number: 59-2877217**

**Certificate of Status Desired: No**

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

LUMPKIN, ELLEN  
461 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 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 DP  
Name COOPER, MIKE  
Address 7529 SUMMER LAKES COURT  
City-State-Zip: ORLANDO FL 32835

Title TREASURER, SECRETARY  
Name GOODEN, CHRIS  
Address C/O SOVEREIGN & JACOBS  
401 CENTERPOINTE DRIVE 1565  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name BERGMANN, RICHARD  
Address 1025 SUMMER LAKES DRIVE  
City-State-Zip: ORLANDO FL 32835

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: MIKE COOPER**

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date