# 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

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** 

Officer/Director Detail :			
Title	PRESIDENT	Title	SECRETARY
Name	COOPER, MIKE	Name	GOODEN, CHRIS
Address	7529 SUMMER LAKES COURT	Address	C/O SOVEREIGN & JACOBS
City-State-Zip:	ORLANDO FL 32835		401 CENTERPOINTE DRIVE 1565
		City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	VP BERGMANN, RICHARD 1025 SUMMER LAKES DRIVE	Title	TREASURER
Name		litte	TREASURER
		Name	AGAHDEL, KOUROSH
Address		Address	PO BOX 160128
City-State-Zip:	ORLANDO FL 32835	City State Zin	ALTAMONTE SPRINGS FL 32716
		City-State-Zip:	ALTANIONTE SERINGS EL 32/10

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.

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FEI Number: 59-2877217

LUMPKIN, ELLEN

461 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US

SIGNATURE:

**Current Mailing Address:** 

INC.

# PO BOX 160128

**Current Principal Place of Business:** 

**401 CETERPOINTE DRIVE SUITE 1565** 

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32716

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N13778

Entity Name: SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO,

## FILED Jan 30, 2017 Secretary of State CC7114186238

Certificate of Status Desired: No

Date

PRES

01/30/2017