

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13778

FILED
Apr 12, 2019
Secretary of State
1197471797CC**Entity Name:** SUMMER LAKES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.**Current Principal Place of Business:**461 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080**Current Mailing Address:**P.O. BOX 160128
ALTAMONTE SPRINGS, FL 32716 US**FEI Number: 59-2877217****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOVEREIGN & JACOBS PROPERTY MANAGEMENT
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: ELLEN LUMPKIN****04/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	COOPER, MIKE
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	SECRETARY
Name	GOODEN, CHRIS
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	VP
Name	FREY, JOEL
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	TREASURER
Name	KARBASION, MOHAMMAD
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	HILL, JOHN
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	GLAZE, RYAN
Address	P.O. BOX 160128
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

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****04/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date