

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007717

Entity Name: SUMMERWALK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2695 DOBBS ROAD
SAINT AUGUSTINE, FL 32086**Current Mailing Address:**2695 DOBBS ROAD
SAINT AUGUSTINE, FL 32086 US**FEI Number: 82-5227498****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLIANCE REALTY AND MANAGEMENT
2695 DOBBS ROAD
SAINT AUGUSTINE, FL 32086 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:** CINDY CHAPMAN

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BLACK, CANDY
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	T
Name	CUMMINGS, PATRICIA
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	VP
Name	WRIGHT, KIARA
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	S
Name	MOE, DALE
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	MANAGER
Name	CHAPMAN, CINDY
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	WEST, QUILNETTA
Address	2695 DOBBS ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32086

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: CINDY CHAPMAN

MANAGER

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date