

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N20000000629

**Entity Name:** SUMMERFIELD PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302 US

**FEI Number:** 85-3792534

**Certificate of Status Desired:** No

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.  
1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308 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:** JOANIE TROTMAN

11/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NANCE, ZAYCHINA  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title VPD  
Name MANGILI, HENRIQUE  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title STD  
Name DAVIS, JADA  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title MGR  
Name FLORIDA ASSOCIATION & PROPERTY  
MANAGEMENT, INC.  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

*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:** JOANIE TROTMAN

CAM

11/13/2023

Electronic Signature of Signing Officer/Director Detail

Date