

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N20000003637

**Entity Name:** SUMMERVIEW CROSSING HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 23, 2021**  
**Secretary of State**  
**2802998103CC**

**Current Principal Place of Business:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813

**Current Mailing Address:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 US

**FEI Number: 84-5100265**

**Certificate of Status Desired: No**

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

HIGHLAND COMMUNITY MANAGEMENT, LLC  
4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 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 P  
Name ADAMS, D. JOEL  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title VP  
Name WALSH, BRIAN  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title ST  
Name ANDRADE, MILTON  
Address 4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

*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: D. JOEL ADAMS

P

07/23/2021

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

\_\_\_\_\_  
Date