

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000004202

Entity Name: SUMTER GREEN HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**5042 GREENWAY DRIVE
NORTH PORT, FL 34287**Current Mailing Address:**5042 GREENWAY DRIVE
C/O GARY THALMAN, PRESIDENT
NORTH PORT, FL 34287 US**FEI Number:** 85-0965582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THALMAN, GARY RICHARD
5047 GREENWAY DRIVE
NORTH PORT, FL 34287 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:** GARY R THALMAN

03/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MURPHY, JAMES G
Address 5040 GREENWAY CT
City-State-Zip: NORTH PORT FL 34287

Title SEC
Name SEEPE, JOHN
Address 5011 POCATELLO AVE
City-State-Zip: NORTH PORT FL 34287

Title PT
Name THALMAN, GARY
Address 5042 GREENWAY DRIVE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BOVA, WENDY DIRECTOR
Address 5002 GREENWAY DRIVE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name TOWNE, RICHARD
Address 5027 GREENWAY DRIVE
City-State-Zip: NORTH PORT FL 34287

Title TREASURER
Name CULP, DAVID
Address 5054 GREENWAY DRIVE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name GROTH, LINDA
Address 5043 GREENWAY DRIVE
City-State-Zip: NORTH PORT FL 34287

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: GARY R THALMAN

PRESIDENT

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date