

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N93000005185

**Entity Name:** SUMMER LAKES EAST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US HWY 19  
7Q  
NEW PORT RICHEY , FL 34652

**Current Mailing Address:**

5901 US HWY 19  
7Q  
NEW PORT RICHEY , FL 34652 US

**FEI Number:** 65-0489964

**Certificate of Status Desired:** No

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

QUALIFIED PROPERTY MANAGEMENT  
5901 US HWY 19  
7Q  
NEW PORT RICHEY , FL 34652 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:** MARY WHITE

11/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WALDRON, JEFF  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title TD  
Name STEFFEL, JEFF  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name BURLEY, AL  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title SD  
Name VARELA, DANNY  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PD  
Name JOHNSON, ALLEN  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name HALL, BRIAN  
Address 5901 US HWY 19  
7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** JEFF WALDRON

**PRESIDENT**

11/04/2015

Electronic Signature of Signing Officer/Director Detail

Date