

**2017 FLORIDA NOT FOR PROFIT CORPORATION 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

02/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            TREASURER  
Name            LOZIER, JASON  
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            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:** ALLEN JOHNSON

**PRESIDENT**

02/23/2017

Electronic Signature of Signing Officer/Director Detail

Date