2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2016
Secretary of State
CC4488103304

DOCUMENT# N95000005344

Entity Name: SUMMER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 65-0798350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGNATURE MANAGEMENT SOLUTIONS, LLC
C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701 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: INGRID BARIA 01/12/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	CAPPS, RINA	Name	FRIEDMAN, STUART
Address	C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC 498 PALM SPRINGS DRIVE SUITE 210	Address	C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC 498 PALM SPRINGS DRIVE SUITE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	DIRECTOR	Title	VICE PRESIDENT
Name	PARROTINO, ROBERT	Name	POWELL , MARSHA
Address	C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC 498 PALM SPRINGS DRIVE SUITE 210	Address	C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC 498 PALM SPRINGS DRIVE SUITE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	DIRECTOR		
Name	JACOBSEN , COLLIN		
Address	C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC 498 PALM SPRINGS DRIVE SUITE 210		
City-State-Zip:	ALTAMONTE SPRINGS FL 32701		

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: RINA CAPPS BOARD PRESIDENT 01/12/2016

Electronic Signature of Signing Officer/Director Detail — Date