

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005344

Entity Name: SUMMER OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**498 PALM SPRINGS DR STE 210
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**498 PALM SPRINGS DR STE 210
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 65-0798350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARIA, INGRID
C/O SIGNATURE MANAGEMENT SOLUTIONS LLC
498 PALM SPRINGS DR STE 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**03/29/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CAPPS, RINA
Address	498 PALM SPRINGS DR STE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	FRIEDMAN, STUART
Address	498 PALM SPRINGS DR STE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	MOHAMMED, SHAW
Address	498 PALM SPRINGS DR STE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	VP
Name	POWELL , MARSHA
Address	498 PALM SPRINGS DR STE 210
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	JACOBSEN , COLIN
Address	498 PALM SPRINGS DR STE 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**PRESIDENT****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date