

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004618

Entity Name: SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

99 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

99 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413 US

FEI Number: 59-3401099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY
427 MCKENZIE AVE
PANAMA CITY, FL 32401 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: TIMOTHY SLOAN

03/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------------|-----------------|----------------------------|
| Title | PRESIDENT | Title | VP |
| Name | SILVERS, PATRICIA | Name | OWENS, KAREN |
| Address | 117 SUMMERWOOD DR | Address | 206 BEACHWOOD LANE |
| City-State-Zip: | PANAMA CITY BEACH FL 32413 | City-State-Zip: | PANAMA CITY BEACH FL 32413 |
| | | | |
| Title | DIRECTOR | | |
| Name | HERTELL, DONN | | |
| Address | 220 BEACHWOOD LANE | | |
| City-State-Zip: | PANAMA CITY BEACH FL 32413 | | |

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: PATRICIA SILVERS

PRESIDENT

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date