99 SUMMERW PANAMA CITY	BEACH, FL 32413			
Current Ma	ling Address:			
	RWOOD DRIVE TY 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.				
The above name		tered office or regis	tered agent, or both, in the State of Florida	ı.
		tered office or regis		6/19/2020
	d entity submits this statement for the purpose of changing its regis	tered office or regis		
	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent	tered office or regis		6/19/2020
SIGNATURI	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent	tered office or regis		6/19/2020
SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent ctor Detail :		C	6/19/2020
SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	VP	6/19/2020
SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SILVERS, PATRICIA 117 SUMMERWOOD DR	Title Name	VP OWENS, KAREN	6/19/2020
SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SILVERS, PATRICIA 117 SUMMERWOOD DR	Title Name Address	VP OWENS, KAREN 206 BEACHWOOD LANE	6/19/2020
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent ctor Detail : PRESIDENT SILVERS, PATRICIA 117 SUMMERWOOD DR PANAMA CITY BEACH FL 32413	Title Name Address City-State-Zip:	VP OWENS, KAREN 206 BEACHWOOD LANE PANAMA CITY BEACH FL 32413	6/19/2020
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regis TIMOTHY SLOAN Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SILVERS, PATRICIA 117 SUMMERWOOD DR PANAMA CITY BEACH FL 32413 DIRECTOR	Title Name Address City-State-Zip: Title	VP OWENS, KAREN 206 BEACHWOOD LANE PANAMA CITY BEACH FL 32413 DIRECTOR	6/19/2020

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

06/19/2020

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N96000004618

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

**Current Principal Place of Business:** 

99 SUMMERWOOD DRIVE

# FILED Jun 19, 2020 **Secretary of State** 6846599579CC

Date