PORT ORANGE	FL 32127			
Current Mai	ling Address:			
6084 SUMM PORT ORAN	ERLAKE DR IGE, FL 32127 US			
FEI Number: 59-3653284		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
ORR, DIANE B 6084 SUMMERLAKE DRIVE PORT ORANGE, FL 32127 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.				
			0, ,	
SIGNATURE	E: DIANE ORR			02/01/2021
SIGNATURE	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			02/01/2021 Date
SIGNATURE Officer/Direct	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	SECRETARY	
Officer/Dire	DIANE ORR Electronic Signature of Registered Agent ctor Detail :		SECRETARY ORR, DIANE	
Officer/Dire Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title		
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT HAMILTON, HEATHER 6090 SUMMERLAKE DRIVE	Title Name	ORR, DIANE 6084 SUMMERLAKE DRIVE	Date
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT HAMILTON, HEATHER 6090 SUMMERLAKE DRIVE	Title Name Address	ORR, DIANE 6084 SUMMERLAKE DRIVE	Date
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT HAMILTON, HEATHER 6090 SUMMERLAKE DRIVE PORT ORANGE FL 32127	Title Name Address	ORR, DIANE 6084 SUMMERLAKE DRIVE	Date
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT HAMILTON, HEATHER 6090 SUMMERLAKE DRIVE PORT ORANGE FL 32127 DIRECTOR	Title Name Address	ORR, DIANE 6084 SUMMERLAKE DRIVE	Date

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: DIANE B. ORR

SECRETARY

02/01/2021

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9700000312

Entity Name: HOMEOWNERS ASSOCIATION OF SUMMERFIELD, INC.

Current Principal Place of Business:

6084 SUMMERLAKE DR

FILED Feb 01, 2021 **Secretary of State** 0209521844CC

Date