

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000913

1. Entity Name

SUMMERWOOD HOMEOWNERS' ASSOCIATION OF POLK COUNT

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90001 033 \*\*\*\*61.25

Principal Place of Business

520 S. FLORIDA AVE.  
LAKELAND FL 33801

Mailing Address

520 S. FLORIDA AVE.  
LAKELAND FL 33801-5229

2. Principal Place of Business

5018 Greenbrook Ln  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5284  
Suite, Apt. #, etc.

City & State

Lakeland FL  
Zip 33811 Country US

City & State

Lakeland FL  
Zip 33807 Country US

4. FEI Number

59-3358994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, GEORGE M III  
520 S. FLORIDA AVE.  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name Kay F Elliott

Street Address (P.O. Box Number is Not Acceptable)  
5018 Greenbrook Ln.

City Lakeland

FL

Zip Code 33811

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDSEY, GEORGE M III 520 S. FLORIDA AVE. LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIPPER, EDWARD M 2901 OLD HOMELAND RD BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERTIN, LISA 5655 BROOK LOOP LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLEY, BOB 3490 SUMMERWOOD WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASZKIEWICZ, JERRY 3411 SUMMERWOOD WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADKINS, STEVE 3447 SUMMERWOOD WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASSANO, DEAN 3487 SUMMERWOOD WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, SUE 3475 SUMMERWOOD WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob Harley President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/00 863 647 1739