2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2025
Secretary of State
9734471121CC

DOCUMENT# N02000005935

Entity Name: SUMMERVIEW OAKS PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 56-2407475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 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: CHRISTINE M TRIMMER 04/10/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	DIAZ, ALTAGRACIA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	PRESIDENT
Name	JOSEY, VANESSA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	ANGELONE-PHELPS, ASHLEY
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	ESCALERA, AWILDA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	LICENSED COMMUNITY ASSOCIATION MANAGER
Name	TRIMMER, CHRISTINE M
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	SECRETARY
Name	BROTHERS, DAWN
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

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: CHRISTINE TRIMMER LICENSED COMMUNITY ASSOCIATION MANAGER 04/10/2025

Electronic Signature of Signing Officer/Director Detail — Date