

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32139

**Entity Name:** SUMMER CHASE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**ASSOCIATED PROPERTY MANAGAMENT  
8135 LAKE WORTH ROAD SUITE B  
LAKE WORTH, FL 33467**Current Mailing Address:**8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467 US**FEI Number:** 65-0140824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK, CHELLE  
824 W. INDIANTOWN ROAD  
JUPITER, FL 33458 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:** CHELLE KONYK

04/06/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GORDON, DONNA  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            MARINO, MIKE  
Address        8135 LAKE WORTH ROAD  
                 SUITE B \\\nCity-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            SOLOMON, BERNIE  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            BUTLER, LENNIE  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            KESTON, ROB  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            LEVEY, GAIL  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            SEIDER, MARVIN  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            GLICKMAN, LEIONARE  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*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:** DONNA GORDON

PRESIDENT

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date