FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000156 (0)

1. Corporation Name

SUMMERLIN TRACE CONDOMINIUM NO. 9 ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1919 COURTNEY DR STE - 6 FORT MYERS FL 33901 US	1919 COURTNEY DR STE - 6 FORT MYERS FL 33901 US

3. Date Incorporated or Qualified: 01/13/1993

3a. Date of Last Report: 04/14/1995

4. FEI Number: 65-0460778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes ☐ No ☒

2. Principal Place of Business	2a. Mailing Address
21 4226 DEL PRADO BLVD	26 4226 DEL PRADO BLVD
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 CAPE CORAL FL	City & State 28 ~~4226 DEL~~ CAPE CORAL FL
Zip 24 33904 Country 25 USA	Zip 29 33904 Country 30 USA

9. Name and Address of Current Registered Agent

DESOIZA, AJ
1919 COURTNEY DR
STE - 6
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: PIERCE, ILAMARIE
82 Street Address (P.O. Box Number is Not Acceptable): 4226 DEL PRADO BLVD
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: x Janet Peterson Ilamarie Pierce x 4-27-96 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERSON, JANET 14451 LAKEWOOD TRACE COURT / STE - 103 FORT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Janet Peterson	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST RADEMAKER, KAREN 14451 LAKEWOOD TRACE COURT / STE - 102 FORT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CENTINEO, ROSE 14451 LAKEWOOD TRACE COURT / STE - 104 FORT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Janet Peterson x 4-27-96 x 941-542-8712 ~~941-482-0490~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANET PETERSON

0015976