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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000156 (0)**

1. Corporation Name

**SUMMERLIN TRACE CONDOMINIUM NO. 9 ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**4226 DEL PRADO BLVD
CAPE CORAL FL 33904
US**

**4226 DEL PRADO BLVD
CAPE CORAL FL 33904-7168
US**

2. Principal Place of Business

2a. Mailing Address

**C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907**

**C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907**

3. Date Incorporated or Qualified 01/13/1993	3a. Date of Last Report 05/01/1996
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	

24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

**PIERCE, ILAMARIE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name **Stilphen, Peter**
82 Street **Marquis Management, Inc.**
83 **12661 New Brittany Blvd.**
84 City **Fort Myers, FL 33907**
Zip Code

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

John Stilphen Peter STILP/164

1/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **PETERSON, JANET**
STREET ADDRESS **14451 LAKEWOOD TRACE COURT / STE - 103**
CITY - ST - ZIP **FORT MYERS FL**

TITLE **VPD** ☒ DELETE
NAME **RADEMAKER, KAREN**
STREET ADDRESS **14451 LAKEWOOD TRACE COURT / STE - 102**
CITY - ST - ZIP **FORT MYERS FL**

TITLE **STD** ☐ DELETE
NAME **CENTINEO, ROSE**
STREET ADDRESS **14451 LAKEWOOD TRACE COURT / STE - 104**
CITY - ST - ZIP **FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. **DST** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PAT RUBENZER** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **14451 LAKEWOOD TRCT # 103**
1.4 CITY - ST - ZIP **FT. MYERS, FL 33919**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **JOHNSON, MARGARET**
2.3 STREET ADDRESS **14451 LAKEWOOD TR CT. #101**
2.4 CITY - ST - ZIP **FT. MYERS, FL 33919**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

John Stilphen Peter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0059047**

CR2E037 (9/96)