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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US	C/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD. FT. MYERS FL 33907 US
c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US	c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US

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

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

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

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

Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

23 Zip 24 Country 25 Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STILPEH, PETER
MARQUIS MANAGEMENT INC.
12661 NEW BRITTANY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 S Stilphen, Peter
Marquis Management, Inc.
83 9400 Gladiolus Drive #100
84 C Fort Myers, FL 33908 US
85 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 _____ 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	DST	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	RUBENZER, PAT		1.2 NAME	CLAUDIA VICTORIA	
STREET ADDRESS	14451 LAKE WOOD TR CT., #103		1.3 STREET ADDRESS	14451 Lakewood Tr. #204	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	VPD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	JOHNSON, MARGARET		2.2 NAME	Johnson	
STREET ADDRESS	14451 LAKEWOOD TR CT, #101		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CENTINEO, ROSE		3.2 NAME		
STREET ADDRESS	14451 LAKEWOOD TRACE COURT / STE - 104		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Rose Centineo VP