2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90066 030 ****61.25

DOCUMENT # N93000000156

1. Entity Name

SUMMERLIN TRACE CONDOMINIUM NO. 9 ASSOCIATION, I

Principal Place of Business	Mailing Address
7310 COLLEGE PARKWAY, SUITE 3 FT. MYERS FL 33907 US	7310 COLLEGE PARKWAY, SUITE 3 FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, #103 FT. MYERS, FL. 33919	C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, #103 FT. MYERS, FL. 33919

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEMING, MICHAEL C/O MANAGEMENT CON INC 8270 COLLEGE PKWY #103 FORT MYERS FL 33919	Nam FREDEN, ARLENE A. Stree 8270 COLLEGE PKWY #103 FT. MYERS, FL. 33919 City Zip Code

8. 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 Arlene A. Freden CAM, CFPM ARLENE A. FREDEN 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VILORIA, CLAUDIA 14451 LAKEWOOD TR #204 FT. MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JOHNSON, MARGARET 14451 LAKEWOOD TR CT, #101 FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CENTINEO, ROSE 14451 LAKEWOOD TRACE COURT / STE - 104 FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Centineo Rose Centineo 4/20/01 432-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #