2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000000156 FILED 1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 9 OR HAR ID PH 12: 29 ASSOCIATION, INC. SEUNLIARY OF STATE Principal Place of Business Mailing Address C/O THE MANAGEMENT CONNECTION FALLAHASSEE, FLORIDA C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 8270 COLLEGE PKWY, SUITE 103 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 pal Place of Business - No P.O 4. FEI Number 65-0460778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BCH MANAGEMENT GROUP, INC. 1840 BAY SCOUT DR STE B FORT MYERS, FL 33907 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. I am familiar the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition VILORIA, CLAUDIA NAME NAME 300119831003 14451 LAKEWOOD TRACE CT, #204 STREET ADDRESS STREET ADDRESS 03/10/08--01049--003 **122.50 FT. MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ■ Addition JOHNSON, MARGARET NAME NAME 14451 LAKEWOOD TR CT, #101 STREET ADDRESS STREET ADDRESS FORT MYERS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CENTINEO, ROSE NAME NAME 14451 LAKEWOOD TRACE COURT / STE - 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL CITY-ST-ZIP ☐ Change ☐ Delete . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Addition TITI F TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. of the corporation or the reco E OF SIGNING OFFICER OR DIRECTOR Daytime Phone