

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N20677

1. Entity Name

SUMMERLIN TRACE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS FL 33907
US

Mailing Address

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS FL 33907
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0040205

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

MOORE, DIANA L
1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	POTT, ROBERT	
STREET ADDRESS	14461-2 SUMMERLIN TRACE COURT 2	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNET, HENRY	
STREET ADDRESS	14549 CYPRESS TRACE CT #201	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	BALL, JOAN	
STREET ADDRESS	14471 LAKEWOOD TRACE CT #02	
CITY-ST-ZIP	FT MEYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROYER, WAYNE	
STREET ADDRESS	14461 LAKEWOOD TRACE CT #103	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEYL, NANCY	
STREET ADDRESS	14461 LAKEWOOD TRACE CT #203	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARTIN, NANCY	
STREET ADDRESS	14451-201 LAKEWOOD TRACE CT	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Joan M Ball, President*

2-5-08

239-415-8143