

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 20, 2009**  
**Secretary of State**

DOCUMENT# N20677

**Entity Name:** SUMMERLIN TRACE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907 US**New Principal Place of Business:**BCH GROUP MANAGEMENT, INC.  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 US**Current Mailing Address:**1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907 US**New Mailing Address:****FEI Number:** 65-0040205      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, DIANA L  
1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** TD      ( ) Delete  
**Name:** POTT, ROBERT  
**Address:** 14461-2 SUMMERLIN TRACE COURT 2  
**City-St-Zip:** FORT MYERS, FL 33919 US**Title:** D      ( ) Delete  
**Name:** BENNET, HENRY  
**Address:** 14549 CYPRESS TRACE CT #201  
**City-St-Zip:** FORT MYERS, FL 33919 US**Title:** P      ( ) Delete  
**Name:** BALL, JOAN  
**Address:** 14471 LAKEWOOD TRACE CT #02  
**City-St-Zip:** FT MEYERS, FL 33919 US**Title:** D      ( ) Delete  
**Name:** TROYER, WAYNE  
**Address:** 14461 LAKEWOOD TRACE CT #103  
**City-St-Zip:** FORT MYERS, FL 33919 US**Title:** SD      ( ) Delete  
**Name:** THORNBURG, SANDY  
**Address:** 14534 CYPRESS TRACE COURT  
**City-St-Zip:** FT MYERS, FL 33919 US**Title:** VPD      ( ) Delete  
**Name:** MARTIN, NANCY  
**Address:** 14451-201 LAKEWOOD TRACE CT  
**City-St-Zip:** FORT MYERS, FL 33919 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD      (X) Change ( ) Addition  
**Name:** BALL, JOAN  
**Address:** 14471 LAKEWOOD TRACE CT #02  
**City-St-Zip:** FT MEYERS, FL 33919 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN BALL

PD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date