2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20678

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: SUMMERLIN TRACE CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS, FL 33907

New Mailing Address: Current Mailing Address:

1840 BOY SCOUT DRIVE SUITE B FORT MYERS, FL 33907 US

FEI Number: 65-0040198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KAUFMAN, DEANNA KING, CAROLYN Name: Name:

14520-3 SUMMERLIN TRACE COURT Address: 14520 SUMMERLIN TRACE COURT #1 Address:

FORT MYERS, FL 33919 City-St-Zip: City-St-Zip: FORT MYERS, FL 33919

Title: PD Title: (X) Change () Addition () Delete

Name: SPECHT, SUZANNE Name: SPECHT, SUZANNE

Address: 14520-8 SUMMERLIN TRACE CT. Address: 14520 SUMMERLIN TRACE COURT #8

City-St-Zip: FT. MYERS, FL City-St-Zip: FT. MYERS, FL

Title: STD () Delete Title: STD (X) Change () Addition

KING, CAROLYN Name: MARINO, DEBRA Name:

14520-1 SUMMERLIN TRACE CT #101 14520 SUMMERLIN TRACE COURT #5 Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

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: DIANA MOORE **AGT** 01/16/2009