


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 003 \*\*\*\*61.25

<b>DOCUMENT # N21547</b> 1. Entity Name <b>SUMMERLIN TRACE CONDOMINIUM NO. 2 ASSOCIATION, INC.</b>					
Principal Place of Business <b>% THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS, FL 33919 US</b>			Mailing Address <b>% THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-0085911</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FREDEN, ARLENE A 8270 COLLEGE PKWY SUITE 103 FORT MYERS, FL 33919</b>			<b>TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919</b>		
City			<b>FL</b>		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 _____			_____ GEORGE TEAGUE DATE <b>3-25-05</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GABBETT, WAYNE</b>		NAME		
STREET ADDRESS	<b>14500-3 SUMMERLIN TRACE CT</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>FORT MYERS, FL 33919</b>		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAMMOND, CHARLES</b>		NAME		
STREET ADDRESS	<b>14500-4 SUMMERLIN TRACE COURT</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>FORT MYERS, FL 33919</b>		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GALLO, JOSEPH</b>		NAME		
STREET ADDRESS	<b>14500-8 SUMMERLIN TRACE COURT</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>FORT MYERS, FL 33919</b>		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____			_____ Charles Hammond Date <b>4-15-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		