2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2006 8:00 am **Secretary of State** DOCUMENT # N21547 1. Entity Name 03-10-2006 90006 023 ****61.25 SUMMERLIN TRACE CONDOMINIUM NO. 2 ASSOCIATION, INC. Principal Place of Business Mailing Address % THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS FL 33919 US % THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 65-0085911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BCH Management Group TEAGUE, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1840 Boy Scout Dr, Swite 8270 COLLEGE PKWY SUITE 103 FORT MYERS FL 33919 Zip Code 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 with, and accept the obligations of registered agent. Diana Moore, agent SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. President ☐ Change TITLE **▼** Addition TITLE Detete Karen morris GABBETT, WAYNE NAME 14500-5 Summerlin Trace Ct 14500-3 SUMMERLIN TRACE CT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP Fort Myers, FL 33919 CITY-ST-ZIP Vice-President Leslie Young Addition TITLE ☐ Change X Delete DIF HAMMOND, CHARLES NAME NAME 14500-1 Summerlin Trace Ct 14500-4 SUMMERLIN TRACE COURT STREET ADDRESS STREET ADDRESS FOAT MUETS, FL 33919 FORT MYERS FL_33919 CITY-ST-7IP CITY-ST-7IP sec/Treas. Change Addition Delete TITLE JOSEPH P. GALLO 14500-2 SHAMEANN TRACE CT GALLO, JOSEPH NAME NAME 14500-8 SUMMERLIN TRACE COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33919 CITY-ST-ZIP FT MYERS, FL 339A ☐ Change ☐ Addition ☐ Delete TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

2. 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:

oseph P Goods

2-22-06

225-0237

FILED