

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 APR 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21547

1. Entity Name
SUMMERLIN TRACE CONDOMINIUM NO. 2
ASSOCIATION, INC.



Principal Place of Business
% THE MANAGEMENT CONNECTION
8270 COLLEGE PKWY, SUITE 103
FORT MYERS, FL 33919 US

Mailing Address
% THE MANAGEMENT CONNECTION
8270 COLLEGE PKWY, SUITE 103
FORT MYERS, FL 33919 US



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

3. Mailing Address

BCH MANAGEMENT Group BCH MANAGEMENT Group

Suite, Apt. #, etc.
1840 Boy Scout Dr, Suite B

Suite, Apt. #, etc.
1840 Boy Scout Dr, Suite B

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33907

Country
LEE

Zip
33907

Country
LEE

02282008 REIN-NP

CR2E099 (1/07)

4. FEI Number
65-0085911

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

BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DR
SUITE B
FORT MYERS, FL 33907

Name
DIANA L. MOORE

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

1840 Boy Scout Drive, Suite B

Fort Myers

City

FL

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.

SIGNATURE

Diana L. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/2008

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
P
MORRIS, KAREN
STREET ADDRESS
14500-5 SUMMERLIN TRACE CT
CITY-ST-ZIP
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
VP
YOUNG, LESLIE
STREET ADDRESS
14500-1 SUMMERLIN TRACE CT
CITY-ST-ZIP
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600128779516
05/07/08--01042--022 *122.50 ☒ Change ☐ Addition

TITLE
NAME
ST
GALLO, JOSEPH
STREET ADDRESS
14500-2 SUMMERLIN TRACE CT
CITY-ST-ZIP
FORT MYERS, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RH 108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Joseph Gallo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

Daytime Phone #

Daytime Phone #