2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Apr 14, 2009 DOCUMENT# N21547 Secretary of State

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

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

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

Current Mailing Address: New Mailing Address:

BCH MANAGEMENT GROUP 1840 BOY SCOUT DRIVE SUITE B

1840 BOY SCOUT DR. STE B

FORT MYERS, FL 33907 FORT MYERS, FL 33907 US

FEI Number: 65-0085911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOORE, DIANA MOORE, DIANA L 1840 BOY SCOUT DR 1840 BOY SCOUT DR SUITE B SUITE B

FORT MYERS, FL 33907 US 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: DIANA L MOORE 04/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MORRIS, KAREN AVILA, JOSE Name: Name: 14500-5 SUMMERLIN TRACE CT Address: 14500-7 SUMMERLIN TRACE CT Address:

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

Title: () Delete Title: (X) Change () Addition YOUNG, LESLIE Name: WITZUL, GENE Name:

Address: 14500-1 SUMMERLIN TRACE CT Address: 14500-8 SUMMERLIN TRACE CT City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition GALLO, JOSEPH Name: MARTIN, CHARLES Name:

14500-2 SUMMERLIN TRACE CT 14500-6 SUMMERLIN TRACE CT 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: JOSE AVILA PD 04/14/2009