

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 14, 2009
Secretary of State

DOCUMENT# N23630

Entity Name: SUMMERLIN TRACE CONDOMINIUM NO. 4 ASSOCIATION, INC.**Current Principal Place of Business:**BCH MANAGEMENT GROUP
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907**New Principal Place of Business:**BCH GROUP MANAGEMENT, INC.
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907**Current Mailing Address:**BCH MANAGEMENT GROUP
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907**New Mailing Address:**1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907**FEI Number:** 65-0121098**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOORE, DIANA L
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**

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:**Title:** PD () Delete
Name: POTT, ROBERT
Address: 14461-2 SUMMERLINE TR CT
City-St-Zip: FT MYERS, FL 33919**Title:** STD () Delete
Name: GIRTS, ARTHUR
Address: 14461-8 SUMMERLIN TRACE COURT
City-St-Zip: FORT MYERS, FL 33919**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: CAMPBELL, JENNIFER
Address: 14461-6 SUMMERLIN TRACE COURT
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: ROBERT POTT

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date