

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90366 023 ****61.25

DOCUMENT # N25617

1. Entity Name
**SUMMERLIN TRACE CONDOMINIUM NO.3
ASSOCIATION, INC.**



Principal Place of Business
**THE MANAGEMENT CONNECTION, INC.
8270 COLLEGE PARKWAY STE 103
FORT MYERS, FL 33919 US**

Mailing Address
**THE MANAGEMENT CONNECTION, INC.
8270 COLLEGE PARKWAY STE 103
FORT MYERS, FL 33919 US**

30041525



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0085909

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FREDEN, ARLENE A
C/O THE MANAGEMENT CONNECTION, INC.
8270 COLLEGE PARKWAY # 103
FORT MYERS, FL 33919**

**TEAGUE, GEORGE -
8270 COLLEGE PKWY #103
FORT MYERS, FL 33919**

City

FL

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.

GEORGE TEAGUE

3-25-05

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **GAFFNEY, RICHARD**
STREET ADDRESS **1448-6 SUMMERLIN TR**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **PD** ☐ Delete
NAME **ROBERTS, BELA**
STREET ADDRESS **14480-8 SUMMERLIN TR. CT.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **STD** ☐ Delete
NAME **OWEN, JENNY**
STREET ADDRESS **14880-7 SUMMERLIN TRACE COURT**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☒ Change ☐ Addition
NAME **STD OWEN, VIRGINIA**
STREET ADDRESS **14480-7 SUMMERLIN TRACE CT.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25 05

Date

Daytime Phone #