

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

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 025 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0085909

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

**TEAGUE, GEORGE
8270 COLLEGE PARKWAY
103
FORT MYERS FL 33919**

Name **BCH Management Group, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1840 Boy Scout Drive, Suite B
City **Fort Myers** 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-Cattee**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/29/2006**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **BELA ROBERTS 14480-8 SUMMERLIN TR. CT.**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE ☐ Change ☒ Addition
NAME **Sec/Treas**
STREET ADDRESS **ERIC SEVERSON**
CITY-ST-ZIP **14480 Summerlin Trace Ct #7 Fort Myers, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: **Diana L. Moore-Cattee** 8981606 2/29/06 43 103