
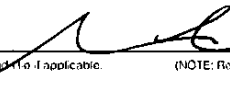
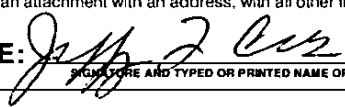


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2005 90366 022 ****61.25

DOCUMENT # N27619 1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 7 ASSOCIATION, INC.					
Principal Place of Business 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US			Mailing Address 8270 COLLEGE PKWY #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		
4. FEI Number 65-0428727				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDEN, ARLENE 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent 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.					
SIGNATURE:  GEORGE TEAGUE 3-25-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when restoring). DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DST COMBS, JEFFREY 14501 LAKEWOOD TRACE CT 204 FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMBS, JEFFREY 14501 LAKEWOOD TRACE CT. #104 FORT MYERS, FL 33919
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, KATHLEEN 14501 LAKEWOOD TRACE CT #203 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SANDY 14501 LAKEWOOD TRACE CT. #101 FORT MYERS, FL 33919
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESENDORF, THOMAS 14501 LAKEWOOD TRACE CT #103 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YERIAN, JULIE 14501 LAKEWOOD TRACE CT. #103 FORT MYERS, FL 33919
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  3/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03222005 Chg-NP CR2E037 (10/03)