


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1840 Boy Scout Dr, Ste B City & State Fort Myers, FL Zip 33907 Country LEE	3. Mailing Address Suite, Apt. #, etc. 1840 Boy Scout Dr, Ste B City & State Fort Myers, FL Zip 33907 Country LEE
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6. Name and Address of Current Registered Agent BCH MANAGEMENT GROUP, INC. 1840 BAY SCOUT DR STE B FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name DIANA L. MOORE Street Address (P.O. Box Number is Not Acceptable) 1840 Boy Scout Dr., Suite B City Fort Myers FL Zip Code 33907
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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 DATE 2/28/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMBS, JEFFREY 14501 LAKEWOOD TRACE CT. # 104 FT. MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100120746041 03/19/08--01035--002 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SANDY 14501 LAKEWOOD TRACE CT. # 101 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YERIAN, JULIE 14501 LAKEWOOD TRACE CT. # 103 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE 2/28/08 DAYTIME PHONE # 247 1989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2008 MAR -5 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
02282008-REIN-NO CR2E099 (1/07) 07-08

4. FEI Number 65-0428727	Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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