2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DÖCUMENT # N27620

SIGNATURE: Way

1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 5 ASSOCIATION, INC.



FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90380 028 ****61.25

Principal Place of Business C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US		Mailing Address C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0322	03222005 Chg-NP CR2E037 (10/03)					
City & State		City & State				Number 5-019055	51			plied For t Applicable	
Zip	Country	Zip	Countr		5. Cei	5. Certificate of Status Desired				\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	L		7. Nar	7. Name and Address of New Registered Agent					
C/O THE N 8270 COLI	ARLENE A MANAGEMENT CONNECTION LEGE PKWY #103 ERS, FL 33919	INC.		8270 C	UE, GEORGE COLLEGE PKWY #103 MYERS, FL 33919 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 Signature, typed or printed name of tog sicroid agent and this flame-basic. (NOTE: Ricg stored Agent signature required when reinstating) DATE											
-		9. Election Campaign Financing Trust Fund Contribution.			May Be to Fees	4	Make chec Florida Depa	k payable to			
10.	OFFICERS AND DIR	ECTORS	11.	i	ADDITIO	NS/CHANG	ES TO OF	FICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARADY, CLIFTON 14461 - 307 LAKEWOOD TRACE FT. MYERS, FL 33919	☐ De:ete	NAM STRI		VPD PARADY, 14461 LAI FORT MY	KEWOOD	TRACE	CT. #304	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYL, BILL 14461-107 LAKEWOOD TRACE (FORT MYERS, FL 33919	□ De'ete	NAM STRI						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONOVAN, KAREN 14461-208 LAKEWOOD TR. CT. .FT. MYERS, FL	☐ Delete	NAM STRI	- I				_	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REEN, JANE 14461 - 208 LAKEWOOD TRACE FT. MYERS, FL 33919	☐ Delete	NAM STR						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROVER, WAYNE 14461-103 LAKEWOOD TRACE (FORT MYERS, FL 33919		Delete TITLL NAM STR: CITY		14461 LA	D ROYER, WAYNE 4461 LAKEWOOD TRACE CT #103 ORT MYERS, FL 33919				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STR	I	, ,				☐ Change	. Addition	
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 turther 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.											

ING OFFICER OR DIRECTOR