


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

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 026 ****61.25

DOCUMENT # N27620	
1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 5 ASSOCIATION, INC.	

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
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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 65-0190551		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 TEAGUE, GEORGE 8270 COLLEGE PKWY # 103 FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name: <u>BCH Management Group, Inc</u> Street Address (P.O. Box Number is Not Acceptable): <u>1940 Boy Scout Drive, Suite B</u> City: <u>Fort Myers</u> FL Zip Code: <u>33907</u>	

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-CATOE Diana L. Moore-Catoe 2/20/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARADY, CLIFTON 14461 LAKEWOOD TRACE CT # 304 FT. 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	D WEYL, BILL 14461-107 LAKEWOOD TRACE CT 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	DT DONOVAN, KAREN 14461-208 LAKEWOOD TR. CT. FT. MYERS FL <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	DS REEN, JANE 14461 - 208 LAKEWOOD TRACE CT FT. 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	PD TROVER, WAYNE 14461 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

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: Wayne Trover WAYNE TROYER 2-20-06 239 454-9141
Signature, typed or printed name of officer, director, receiver or trustee (If signed by a receiver or trustee, the name of the corporation must also be typed or printed.)