2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N27620

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

Current Principal Place of Business:

BCH MANAGEMENT GROUP
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

BCH MANAGEMENT GROUP
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0190551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, DIANA L
1840 BOY SCOUT DR, STE B
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: PARADY, CLIFTON
Address: 14461 LAKEWOOD TRACE CT # 304
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: WEYL, BILL
Address: 14461-107 LAKEWOOD TRACE CT
City-St-Zip: FORT MYERS, FL 33919

Title: DT ( ) Delete
Name: DONOVAN, KAREN
Address: 14461-208 LAKEWOOD TR. CT.
City-St-Zip: FT. MYERS, FL

Title: DS ( ) Delete
Name: REEN, JANE
Address: 14461 - 208 LAKEWOOD TRACE CT
City-St-Zip: FT. MYERS, FL 33919

Title: PD ( ) Delete
Name: TROVER, WAYNE
Address: 14461 LAKEWOOD TRACE CT # 103
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MOORE AGT 01/16/2009
Electronic Signature of Signing Officer or Director — Date