2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 15, 2009 DOCUMENT# N27620 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

BCH MANAGEMENT GROUP 1840 BOY SCOUT DRIVE 1840 BOY SCOUT DR, STE B SUITE B

FORT MYERS, FL 33907 FORT MYERS, FL 33907 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

VPD () Delete (X) Change () Addition

PARADY, CLIFTON Name: TROYER, WAYNE Name: 14461 LAKEWOOD TRACE CT # 304 Address: 14461 LAKEWOOD TRACE CT # 103 Address:

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33919

Title: Title: (X) Change () Addition () Delete

WEYL, BILL Name: PARADY, KIP Name:

Address: 14461-107 LAKEWOOD TRACE CT Address: 14461 LAKEWOOD TRACE CT. #304

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: () Change () Addition

DONOVAN, KAREN Name: Name: 14461-208 LAKEWOOD TR. CT. Address: Address: City-St-Zip: FT. MYERS. FL City-St-Zip:

Title: DS () Delete Title: () Change () Addition

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

Title: () Delete Title: (X) Change () Addition

TROVER, WAYNE WEYL, NANCY Name: Name:

14461 LAKEWOOD TRACE CT # 103 14461 LAKEWOOD TRACE CT, #203 Address: Address:

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

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: WAYNE TROYER PD 04/15/2009

Electronic Signature of Signing Officer or Director

Date