

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35525	
1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 10 ASSOCIATION, INC.	



FILED

2008 MAR 18 AM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08
02282008 REIN-NP CR2E099(1/07)

Principal Place of Business C/O THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US	Mailing Address C/O THE MANAGEMENT CONNECTION, INC. 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box # <i>BCH Management Group</i> Suite, Apt. #, etc. <i>1840 Boy Scout Dr, Ste B</i> City & State <i>Fort Myers, FL</i> Zip <i>33907</i> Country <i>LEE</i>	3. Mailing Address <i>BCH Management Group</i> Suite, Apt. #, etc. <i>1840 Boy Scout Dr, Ste B</i> City & State <i>Fort Myers, FL</i> Zip <i>33907</i> Country <i>LEE</i>
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4. FEI Number 65-0183577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BCH MANAGEMENT GROUP, INC 1840 BAY SCOUT DRIVE SUITE B FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name <i>DIANA L. MOORE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1840 Boy Scout Dr, Ste B</i> City <i>Fort Myers</i> FL Zip Code <i>33907</i>
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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 <i>Diana L. Moore</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>2/28/2008</i> (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 SEEMUTH, RICHARD 14504 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 600120635456 03/18/08--01036--005 **122.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CALLARI, LOUIS 14516 LAKWOOD TRACE COURT. 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	DST THOMAS, MARION 14512 LAKEWOOD TR CT #204 FT MYERS, FL 3319 <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: <i>Marion Thomas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>3/13/08</i> Daytime Phone #