

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N35525

Entity Name: SUMMERLIN TRACE CONDOMINIUM NO. 10 ASSOCIATION, INC.**Current Principal Place of Business:**C/O BCH MANAGEMENT GROUP
1840 BOY SCOUT DRIVE, SUITE B
FORT MYERS, FL 33907 US**New Principal Place of Business:**BCH GROUP MANAGEMENT, INC.
1840 BOY SCOUT DRIVE, SUITE B
FORT MYERS, FL 33907 US**Current Mailing Address:**C/O BCH MANAGEMENT GROUP
1840 BOY SCOUT DRIVE, SUITE B
FORT MYERS, FL 33907 US**New Mailing Address:**1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US

FEI Number: 65-0183577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MOORE, DIANA L
1840 BAY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**MOORE, DIANA L
1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US

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: DIANA L. MOORE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: SEEMUTH, RICHARD
Address: 14504 LAKEWOOD TRACE CT
City-St-Zip: FORT MYERS, FL 33919Title: VPD () Delete
Name: CALLARI, LOUIS
Address: 14516 LAKWOOD TRACE COURT.
City-St-Zip: FORT MYERS, FL 33919Title: DST () Delete
Name: THOMAS, MARION
Address: 14512 LAKEWOOD TR CT #204
City-St-Zip: FT MYERS, FL 3319**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: CALLARI, LOUIS
Address: 14516 LAKEWOOD TRACE CT
City-St-Zip: FORT MYERS, FL 33919Title: VPD (X) Change () Addition
Name: RUNFOLA, ANGELO
Address: 14510 LAKWOOD TRACE COURT.
City-St-Zip: FORT MYERS, FL 33919Title: DST (X) Change () Addition
Name: PROHASKA, CONNIE
Address: 14512 LAKEWOOD TR CT
City-St-Zip: FT MYERS, FL 3319

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: LOUIS CALLARI

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date