

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90367 042 ****61.25

DOCUMENT # N39043

1. Entity Name
SUMMERLIN TRACE CONDOMINIUM NO. 11
ASSOCIATION, INC.



BCH Management Group, Inc. BCH Management Group, Inc.
1840 Boy Scout Drive, Suite B 1840 Boy Scout Drive, Suite B
Fort Myers, Florida 33907 Fort Myers, Florida 33907



2. Principal Place of Business		3. Mailing Address		03072006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0248902	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREDEN, ARLENE A C/O THE MANAGEMENT CONNECTION INC 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919				Name BCH Management Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 1840 Boy Scout Drive, Ste B City Fort Myers FL Zip Code 33907	
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 <u>Marty Romine</u>		Marty Romine		4/14/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HICKE, RICHARD	NAME			
STREET ADDRESS	14455 CYPRESS TRACE COURT	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROEMER, CHRISTOPHER	NAME			
STREET ADDRESS	14457 LAKEWOOD TRACE CT	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUDOLPH, KURT	NAME			
STREET ADDRESS	14474 LAKEWOOD TRACE CT	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Therese Nadeau		
STREET ADDRESS		STREET ADDRESS	14470 LAKEWOOD TRACE CT #206		
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33919		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Therese Nadeau Treas</u>		4-26-06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	