

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39043**

1. Entity Name

**SUMMERLIN TRACE CONDOMINIUM NO. 11  
ASSOCIATION, INC.**



Principal Place of Business

**BCH MGMT GROUP INC  
1840 BOY SCOUT DR STE B  
FORT MYERS FL 33907  
US**

Mailing Address

**BCH MGMT GROUP INC  
1840 BOY SCOUT DR STE B  
FORT MYERS FL 33907  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0248902**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BCH MGMT GROUP INC  
1840 BOY SCOUT DR STE B  
FORT MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Lisana Moore, Agent*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

*2/13/2008*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKE, RICHARD	
STREET ADDRESS	14455 CYPRESS TRACE COURT	
CITY- ST- ZIP	FT MYERS FL 33919	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROEMER, CHRISTOPHER	
STREET ADDRESS	14457 LAKEWOOD TRACE CT	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NADEAY, THERESA	
STREET ADDRESS	14470 LAKEWOOD TRACE CT 206	
CITY- ST- ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000829574	
CITY- ST- ZIP	02/26/08-80047-007 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Theresa Nadeay*

*2-12-08*