


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90218 049 ****61.25

DOCUMENT # N93000000156						
1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 9 ASSOCIATION, INC.						
Principal Place of Business C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS, FL 33919 US			Mailing Address C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY, SUITE 103 FORT MYERS, FL 33919 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country		03222005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0460778				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FREDEN, ARLENE A 8720 COLLEGE PKWY FORT MYERS, FL 33919			7. Name and Address of New Registered Agent TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919			
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 _____				GEORGE TEAGUE		
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>				<small>(NOTE: Registered Agent signature required when re-appointing)</small>		
<small>DATE</small>				3-25-05		
Filing Fee is \$61.25 Due by May 1, 2005		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	NAME MARTIN, ELIZABETH		<input checked="" type="checkbox"/> Delete	TITLE D	NAME VILORIA, CLAUDIA	
STREET ADDRESS 14451 LAKEWOOD TRACE COURT, #102	CITY-ST-ZIP FT. MYERS, FL 33919		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 14451 LAKEWOOD TRACE CT. #204	CITY-ST-ZIP FORT MYERS, FL 33919	
TITLE STD	NAME JOHNSON, MARGARET		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 14451 LAKEWOOD TR CT, #101	CITY-ST-ZIP FORT MYERS, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE PD	NAME CENTINEO, ROSE		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 14451 LAKEWOOD TRACE COURT / STE - 104	CITY-ST-ZIP FORT MYERS, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				3/29/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		