

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

DOCUMENT# N93000000156

**Entity Name:** SUMMERLIN TRACE CONDOMINIUM NO. 9 ASSOCIATION, INC.**Current Principal Place of Business:**BCH MANAGEMENT GROUP  
1840 BOY SCOUT DR., SUITE B  
FORT MYERS, FL 33907 US**New Principal Place of Business:**BCH GROUP MANAGEMENT, INC.  
1840 BOY SCOUT DR., SUITE B  
FORT MYERS, FL 33907 US**Current Mailing Address:**BCH MANAGEMENT GROUP  
1840 BOY SCOUT DR., SUITE B  
FORT MYERS, FL 33907 US**New Mailing Address:**1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907 US**FEI Number:** 65-0460778**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 DR STE 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: VPD ( ) Delete  
Name: MARTIN, NANCY  
Address: 14451 LAKEWOOD TRACE CT, #201  
City-St-Zip: FT. MYERS, FL 33919

Title: STD ( ) Delete  
Name: JOHNSON, MARGARET  
Address: 14451 LAKEWOOD TR CT, #101  
City-St-Zip: FORT MYERS, FL

Title: PD ( ) Delete  
Name: CENTINEO, ROSE  
Address: 14451 LAKEWOOD TRACE COURT / STE - 104  
City-St-Zip: FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: VILORIA, CLAUDIA  
Address: 14451 LAKEWOOD TR CT, #204  
City-St-Zip: FORT MYERS, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSE CENTINEO

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date