

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90384 021 ****61.25

DOCUMENT # N93000000158

1. Entity Name

SUMMERLIN TRACE CONDOMINIUM NO. 13
ASSOCIATION, INC.



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

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

40074904



| | | | | | |
|--|------------------------|---|---|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 03072006 Chg-NP CR2E037 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0428803 | |
| | | | | 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 | |
| TEAGUE, GEORGE 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919 | | | | Name <u>BCH Management Group, Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>1840 Boy Scout Drive, Ste B</u> City <u>Fort Myers</u> FL Zip Code <u>33907</u> | |
| 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> | | SIGNATURE <u>Marty Romine</u> | | DATE <u>4/14/06</u> | |
| 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 | STD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOFFMAN, DAVID | | NAME | | |
| STREET ADDRESS | 14487 CYPRESS TRACE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LINDGREN, HAROLD | | NAME | | |
| STREET ADDRESS | 14485 CYPRESS TRACE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FLEMMING, JOHN | | NAME | | |
| STREET ADDRESS | 14511 CYPRESS TRACE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | <u>Exec/Treas.</u> <u>Sandra Carpenter</u> | |
| STREET ADDRESS | | | STREET ADDRESS | <u>14473 Cypress Trace Ct #</u> | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u>Ft. Myers, FL 33919</u> | |
| 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>[Signature]</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| | | | | Date Daytime Phone # | |