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

DOCUMENT # N9300000158



FILED Mar 17, 2008 08:00 A

1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 13 ASSOCIATION, INC.						43	Secretary of State			
							Secret	ary o	i Stat	
Principal Plac	ce of Businoss		Mailing Ad	Mailing Address						
BCH MANAGEMENT GROUP, INC 1840 VBOY SCOUT DR., SUITE B FORT MYERS FL 33907 US			1840 VB	BCH MANAGEMENT GROUP, INC 1840 VBOY SCOUT DR., SUITE B FORT MYERS FL 33907 US						
2. Principal F	Place of Busine	ess - No P.O. Box #	3. Mailing	3. Mailing Address			(1991)		**=1 =1 1==1	
Suite, Apt. #. etc.			Suite,	Suite, Apt. #, etc.			1st MOORE CR2E037	(10/07)		
City & State			City &	City & State			4. FEI Number 65-0428803		plied For t Applicable	
Zip Country		Zip Ce		Country	-		\$8.75 Add Fee Required			
	6. Name	and Address of Current	Registered A	egistered Agent			7. Name and Address of New Registered Agent			
BCH MANAGEMENT GROUP, INC 1840 BOT SCOUT DR					Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SUI	TE B RT MYERS							. "		
101	17 IVII LIIO	1 2 33307					FL	Zip Code	;	
SIGNATURE	Signature, type a c	FEE IS \$61.25 May 1, 2008		6 (NOTE R 9. Election Camp Trust Fund Cor	· -		\$5.00 May Be Added to Fees Florida Depart			
10.		OFFICERS AND DI	RECTORS		11.	A	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	HAROLD RESS TRACE CT RS FL 33919		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		00000861190 04/02/08-80091-03	□ Change 20 61.29	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOHN RESS TRACE CT RS FL 33919		☐ Detate	TITLE NAME STREET 4DDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STRFET ADDRESS CITY-ST-ZIP	ST CARPENTEI 14473 CYPF FORT MYEF	RESS TRACE CT		Calate	TITLE NAME STREET ADDRESS CITY-ST-7IP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STHLET AUDRESS CITY-SI-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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: