


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90032 036 \*\*\*\*61.25

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # N93000000177</b>  |   |    |  |
| 1. Entity Name<br><b>SUMMERLIN TRACE CONDOMINIUM NO. 12 ASSOCIATION, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>BCH MANAGEMENT GROUP, INC<br/>1840 BOY SCOUT DR SUITE B<br/>FORT MYERS FL 33907<br/>US</b>  |   | Mailing Address<br><b>BCH MANAGEMENT GROUP, INC<br/>1840 BOY SCOUT DR SUITE B<br/>FORT MYERS FL 33907<br/>US</b>                        |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |
| City & State  |   | City & State  |  |
| Zip   | Country   | Zip   | Country  |
| 4. FEI Number<br><b>65-0421404</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>BCH MANAGEMENT GROUP, INC<br/>1840 BOY SCOUT D<br/>SUITE B<br/>FORT MYERS FL 33907</b><br><b>JAN 26 2007</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                       |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>DE MUCHA, JOHN<br>14464 CYPRESS TRACE CT #201<br>FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>PITTS, ERIC<br>14478 CYPRESS TRACE CT, 204<br>FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>DOWD, ELIZABETH<br>14476 CYPRESS TRACE CT SUITE 205<br>FORT MYERS FL 33919 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>PITTS, JONI<br>14478 CYPRESS TRACE CT SUITE 204<br>FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>DEMAIO, KATHLEEN<br>14454 CYPRESS TRACE CT, 206<br>Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/07 239-225-0989**

Date Daytime Phone #