

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

DOCUMENT # N93000000177

1. Entity Name

SUMMERLIN TRACE CONDOMINIUM NO. 12
ASSOCIATION, INC.



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

03-29-2007 90032 036 ***61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address			
BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907 US		BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907		
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 65-0421404
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	
BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT D SUITE B FORT MYERS FL 33907			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			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

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE MUCHA, JOHN 14464 CYPRESS TRACE CT #201 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP PITTS, ERIC 14478 CYPRESS TRACE CT 1204 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWD, ELIZABETH 14476 CYPRESS TRACE CT SUITE 205 FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PITTS, JONI 14478 CYPRESS TRACE CT SUITE 204 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE ST NAME STREET ADDRESS CITY-ST-ZIP DEMARIO, KATHLEEN 14454 CYPRESS TRACE CT 206 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 #