## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000000177

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Entity Name: SUMMERLIN TRACE CONDOMINIUM NO. 12 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BCH MANAGEMENT GROUP, INC

1840 BOY SCOUT DR SUITE B

FORT MYERS, FL 33907 US

BCH GROUP MANAGEMENT, INC.

1840 BOY SCOUT DR SUITE B

FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

BCH MANAGEMENT GROUP, INC
1840 BOY SCOUT DRIVE
SUITE B
1840 BOY SCOUT DRIVE

FORT MYERS, FL 33907 US FORT MYERS, FL 33907 US

FEI Number: 65-0421404 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BCH MANAGEMENT GROUP, INC

1840 BOY SCOUT D

SUITE B

FORT MYERS, FL 33907 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PITTS, ERIC Name: IPPEL, SUSAN

 Address:
 14478 CYPRESS TRACE CT, 204
 Address:
 14476 CYPRESS TRACE CT, #205

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name: DOWD, ELIZABETH Name: DEMUCHA, JOHN

 Address:
 14476 CYPRESS TRACE CT SUITE 205
 Address:
 144768CYPRESS TRACE CT., #204

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

Title: ST () Delete Title: ST (X) Change () Addition Name: DEMARIO, KATHLEEN Name: DEMARIO, KATHLEEN

Address: 14454 CYPRESS TRACE CT, 206 Address: 14451 CYPRESS TRACE CT,# 206

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

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: SUSAN IPPEL PD 04/20/2009