

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90367 043 ****61.25

DOCUMENT # N93000000179

1. Entity Name
SUMMERLIN TRACE CONDOMINIUM NO. 15
ASSOCIATION, INC.



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

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1840 Boy Scout Drive, Suite B
Fort Myers, Florida 33907

40013000



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0476958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~TEAGUE, GEORGE~~
~~8270 COLLEGE PKWAY # 103~~
~~FORT MYERS, FL 33919~~

7. Name and Address of New Registered Agent

Name **BCH Management Group, Inc**
Street Address (P.O. Box Number is Not Acceptable)
1840 Boy Scout Drive, Ste B
City **Fort Myers** FL Zip Code **33907**

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 *Marty Romine* *marty Romine* *4/14/06*
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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WHITE, E. PAUL**
STREET ADDRESS **14503-203 LAKEWOOD TRACE COURT**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **STD** ☐ Delete
NAME **MAHAN, MICHAEELEN**
STREET ADDRESS **14503-102 LAKEWOOD TRACE COURT**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VPD** ☐ Delete
NAME **WRONSKI, FRANK**
STREET ADDRESS **14503 LAKEWOOD TRACE COURT #103**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Paul E. White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #