

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

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 050 ****61.25

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1. Entity Name

SUMMERLIN TRACE CONDOMINIUM NO. 15
ASSOCIATION, INC.



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
US



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

65-0476958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BCH MANAGEMENT GROUP, IN
1840 BOY SCOUT DR
SUITE B
FORT MYERS FL 33907

JAN 26 2007

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 re-registering)

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

TITLE PD
NAME FRANK WRONSKI
STREET ADDRESS 14503 LAKEWOOD TRACE Ct
CITY-ST-ZIP Ft Myers, FL 33919 ☒ Change ☐ Addition

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

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

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

TITLE VPD
NAME ILONA WRONSKI
STREET ADDRESS 14503 LAKEWOOD TRACE Ct
CITY-ST-ZIP Ft Myers, FL 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

218-0768