

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90012 014 ****61.25

DOCUMENT # N93000000179 1. Entity Name SUMMERLIN TRACE CONDOMINIUM NO. 15 ASSOCIATION, INC.					
Principal Place of Business BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907 US			Mailing Address BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0476958				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BCH MANAGEMENT GROUP, IN 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907			7. Name and Address of New Registered Agent 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 <u><i>Diana Moore, Agent</i></u> DATE <u><i>2/5/2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 WRONSKI, FRANK 14503 LAKEWOOD TRADE CT FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAHAN, MICHAEELEN 14503-102 LAKEWOOD TRACE COURT FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRONSKI, FRANK 14503 LAKEWOOD TRACE COURT #103 FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRONSKI, ILONA 14503 LAKEWOOD TRACE CT FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Francis W. Wronski</i></u> FRANCIS W. WRONSKI 5 FEB 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/07)

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