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

## DOCUMENT# N93000000179

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Entity Name: SUMMERLIN TRACE CONDOMINIUM NO. 15 ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** BCH MANAGEMENT GROUP, INC BCH GROUP MANAGEMENT, INC. 1840 BOY SCOUT DR SUITE B 1840 BOY SCOUT DR SUITE B FORT MYERS, FL 33907 FORT MYERS, FL 33907 **Current Mailing Address:** New Mailing Address: BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DRIVE 1840 BOY SCOUT DR SUITE B SUITE B FORT MYERS, FL 33907 FORT MYERS, FL 33907 US FEI Number: 65-0476958 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, IN MOORE, DIANA L 1840 BOY SCOUT DR 1840 BOY SCOUT DR SUITE B SUITE B FORT MYERS, FL 33907 US 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition WRONSKI, FRANK Name: Name: 14503 LAKEWOOD TRADE CT Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: STD () Delete Title: () Change () Addition MAHAN, MICHAELEEN Name: Name: Address: 14503-102 LAKEWOOD TRACE COURT Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: VPD () Delete Title: () Change () Addition WRONSKI, ILONA Name: Name: 14503 LAKEWOOD TRACE CT Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip:

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: FRANK WRONSKI PD 04/20/2009