

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90240 016 ****70.00

DOCUMENT # N99000004103

1. Entity Name
**BETHEL OAKS TOWNHOMES HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**4821 BETHEL CREEK DRIVE
VERO BEACH, FL 32963-1416**

Mailing Address
**4821 BETHEL CREEK DRIVE
VERO BEACH, FL 32963-1416**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
4615 W. QUAIL RIDGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01052007 Chg-NP CR2E037 (12/06)

City & State

City & State
LAKE CITY, FL

4. FEI Number
59-3590532

Applied For
Not Applicable

Zip

Country

Zip
32024-0476

Country
COLUMBIA

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

**MOSLEY, CURTIS R ESQUIRE
121 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901**

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 reinstating)

DATE

**Filing 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
KERESZTI, ZSOLT I
4821 BETHEL CREEK DRIVE
VERO BEACH, FL 329631416**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MCCLURE, BEVERLY
4829 BETHEL CREEK DRIVE
VERO BEACH, FL 32963**

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DUNCAN, SAMUEL R
4821 BETHEL CREEK DRIVE
VERO BEACH, FL 329631416**

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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

Samuel R. Duncan **Samuel R. DUNCAN**

1/5/2007 **3862882421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #