2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 746455

1. Entity Name
BETHEL ISLE VILLAS CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
4810 BETHEL CK DR P O BOX 3885 VERO BCH, FL 32964-3885	4810 BETHEL CK DR P O BOX 3885 VERO BCH, FL 32964-3885

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07192006   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-1978494	Not Applicable

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

6. Name and Address of Current Registered Agent

GILBERT, EDWARD C
119 SILVERY LANE
VERO BEACH, FL 32960

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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 September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RITTER, RUTH K
STREET ADDRESS	4810 BETHEL CK DR #2
CITY-ST-ZIP	VERO BCH, FL

TITLE	SD
NAME	STRINGHAM, MARY ANNE
STREET ADDRESS	4800 BETHEL CK DR #8
CITY-ST-ZIP	VERO BCH, FL

TITLE	VD
NAME	LARSEN, KAY
STREET ADDRESS	4800 BETHEL CK DR #6
CITY-ST-ZIP	VERO BCH, FL

TITLE	D
NAME	MCKINNEY, JERRY E
STREET ADDRESS	4810 BETHEL CK DR #1
CITY-ST-ZIP	VERO BCH, FL 32963

TITLE	D
NAME	MCKINNEY, BIRGITTE
STREET ADDRESS	4810 BETHEL CK DR #1
CITY-ST-ZIP	VERO BCH, FL 32963

TITLE	T
NAME	GILBERT, EDWARD C
STREET ADDRESS	119 SILVERY LANE
CITY-ST-ZIP	VERO BEACH, FL 32960

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09/28/06-80005-001 61.25

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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: _____   8-25-06   772-234-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #