


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 746455 1. Entity Name BETHEL ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.	
---	---

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

DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1978494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, RUTH K 4810 BETHEL CK DR #2 VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRINGHAM, MARY ANNE 4800 BETHEL CK DR #8 VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARSEN, KAY 4800 BETHEL CK DR #6 VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, JERRY E 4810 BETHEL CK DR #1 VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, BIRGITTE 4810 BETHEL CK DR #1 VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILBERT, EDWARD C 119 SILVERY LANE VERO BEACH, FL 32960

U00000606825
01/31/07-80011-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Edward C. Gilbert **Edward C. Gilbert** **1/24/07** **(772) 321-0198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #