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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004803 (2)**

1. Corporation Name

**BETHANY TRACE OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address

~~201 E. JOEL BLVD~~ 259 E. Joel Blvd ~~XXXXXXBLVD~~ 259 E. Joel Blvd  
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3a. Date of Last Report **N/A**

3b. Date Incorporated or Qualified **09/26/1994**

4. FEI Number **65-0523184** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

~~FORTRAN, JAMES CX~~ Janet Allison  
~~201 E JOEL BLVD~~ 201 E. Joel Blvd.  
~~LEHIGH ACRES FL 33936X~~ Lehigh Acres, FL  
33936

10. Name and Address of New Registered Agent

81 Name **Abbie Dublin, Gen. Mgr**

82 Street Address (P.O. Box Number is Not Acceptable) **259 E. Joel Blvd.**

83 **Orange State Property Serv., Inc**

84 City **Lehigh** 85 Zip Code **FL 33984**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-21-95**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PD                    |
| NAME            | FORTANA, JAMES G      |
| STREET ADDRESS  | 201 E JOEL BLVD       |
| CITY - ST - ZIP | LEHIGH ACRES FL 33936 |
| TITLE           | VTD                   |
| NAME            | ADLER, JOAN F         |
| STREET ADDRESS  | 201 E JOEL BLVD       |
| CITY - ST - ZIP | LEHIGH ACRES FL 33936 |
| TITLE           | SD                    |
| NAME            | ALLISON, JANET        |
| STREET ADDRESS  | 201 E JOEL BLVD       |
| CITY - ST - ZIP | LEHIGH ACRES FL 33936 |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* DATE **1-26-95**

(Signature and typed or printed name of signing officer or director) (Date)