

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2596

B - 0735 C

DOCUMENT # N94000004803 (2)

1. Corporation Name

BETHANY TRACE OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

259 E JOEL BLVD
LEHIGH ACRES FL 33936
US

259 E JOEL BLVD
LEHIGH ACRES FL 33936
US

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Orange State Prop. Svc

26 Orange State Prop. Svc

4. FEI Number
65-0523184

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 259 E. Joel Blvd.

27 259 E. Joel Blvd.

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

City & State

City & State

23 Lehigh Acres, FL 33936

28 Lehigh Acres, FL 33936

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

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLISON, JANET
ARND DUBIN X GEN X INC X
259 E JOEL BLVD
LEHIGH ACRES FL 33936

81 Name
Janet Allison, PD
82 Street Address (P.O. Box Number is Not Acceptable)
226 E. Joel Boulevard
83
84 City
Lehigh Acres FL 85 Zip Code
33936

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Janet Allison

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	FORTANA, JAMES G	201 E JOEL BLVD	LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/>
VTD	ADLER, JOAN F	201 E JOEL BLVD	LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/>
SD	ALISON, JANET	201 E JOEL BLVD	LEHIGH ACRES FL 33936	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Janet Allison	226 E. Joel Boulevard	Lehigh Acres, FL 33936	<input checked="" type="checkbox"/>
VTD	John Natiello	226 E. Joel Boulevard	Lehigh Acres, FL 33936	<input checked="" type="checkbox"/>
SD	Sue Downs	226 E. Joel Boulevard	Lehigh Acres, FL 33936	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 119.07(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 an address.

SIGNATURE:

Janet Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANET ALLISON, President

DATE

Daytime Phone #

1/25/96

941-368-3229

CR2E037 (12/95)