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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000004803 (2) **DOCUMENT #**1. Corporation Name

FILED Apr 06 1998 8:00am Secretary of State

BETHANY TRACE OWNERS' ASSOCIATION, INC.								
Principal Place of B	Business	Mailing Address				- FIRMANDI DIO (BRID DADIR DADIR DUNI DUNI DUNI ADDIR		III (
ORANGE STAT PROP. SVCS		ORANGE STATE PROP. SVC				6 000		
259 E JOEL BLVD LEHIGH ACRES FL 33936		LEHIGH ACRES FL 33836			3. Date Incorporated or Qualified 09/26/1994			
I LEHROH ACKES FL 3	K9836	US				4. FEI Number	I IA	pplied For
						65-0523184	1	ot Applicable
2. Principal Place of Business 21 Marquis Management, Inc.		2e. Mailing Address				6. Certificate of Status Desired	\$8.75	Additional
			Marquis Management, Inc. Suite, Apt. #. etc.				equired	
		 	9400 Gladiolus Drive #100		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
City & State City & State			<u> </u>	25 PELTO 11100		7. Is this nonprofit corporation a homeown		
23 Fort Myers. FL		28 Fort Myers, FL				X Yes □ No		
Zip 24 33908	Country	Zip	$\overline{}$	untry		B. This corporation owes or has paid the c		
	25 US Name and Address of Current	29 33908 Registered Agent	30	<u>us</u>		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes XX	7 No
				81 Nar	10	Tal training and read of them freguesial	a velouit	
ALLISON, JANET				82 Stre	at Addes	es (D.O. Box Number la Mat Assessable)		
226 E JOEL				82 Street Address (P.O. Box Number is Not Acceptable)				
LEHIGH ACR	es fl _y gggg _x	83						
				84 City			85 Zip	Code
11 Diversions to the	proviniana of Continue C17 0500	and C17 1500 Florida Out	4 45	Ш		F	_ วว	070
office or registe	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								
Signatu	ire, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	od Agent signs	rure required	I when reinstating) DATE		
12.	re, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.		ure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	IS IN 12
12.	OFFICERS AND		13. 1.1 T	ITLE	rure required		DIRECTOR	IS IN 12
12. TITLE P	OFFICERS AND	DIRECTORS	13. 1.1 T 1.2 N	ITLE IAME				
12. TITLE P NAME AL STREET ADDRESS 22	OFFICERS AND LISON, JANET 26 E JOEL BLVD	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE IAME TREET ADDRES				Addition XX
12. TITLE P NAME AL STREET ADDRESS 22 CITY-ST-ZIP LE	OFFICERS AND LISON, JANET 66 E JOEL BLVD HIGH ACRES FL	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	ITLE IAME TREET ADDRES			☐ Change	XX Addillon 72
12. TITLE P NAME AL STREET ADDRESS 22 CITY-ST-ZIP LE TITLE VI	OFFICERS AND LISON, JANET 66 E JOEL BLVD HIGH ACRES FL	DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S	ITLE IAME TREET ADDRES ITY-ST-ZIP ITLE			Change	Addition XX
12. TITLE P NAME AL STREET ADDRESS 22 CITY-ST-ZIP LE TITLE VT MAME NV	OFFICERS AND LISON, JANET 26 E JOEL BLVD HIGH ACRES FL	DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME TREET ADDRES ITY-ST-ZIP ITLE	s		☐ Change	XX Addillon 72
12. TITLE P NAME AL STREET ADDRESS CITY-ST-ZIP LE TITLE VT NAME NV STREET ADDRESS CITY-ST-ZIP LE CITY-ST-ZIP LE	OFFICERS AND LISON, JANET 18 E JOEL BLVD 19 HIGH ACRES FL 10 ATIELLO, JOHN 18 E JOEL BLVD 14 HIGH ACRES FL	DIRECTORS DELETE DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE IAME TREET ADORES ITY-ST-ZIP ITUE	s		☐ Change	**X**Addition 72 ****Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

HODRIGHT Milliamet Allison. President 2/5/98 941-368-3229