

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90103 026 ****70.00

DOCUMENT # N94000004803

Entity Name
BETHANY TRACE OWNERS' ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DR #100 FT. MYERS FL 33908 US	C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DR #100 FT. MYERS FL 33908 US

2. Principal Place of Business <i>C/o Prime Management</i>	3. Mailing Address <i>C/o Prime Management</i>
Suite, Apt. #, etc. <i>9400 Gladiolus Dr. STE 100</i>	Suite, Apt. #, etc. <i>9400 Gladiolus Dr. STE 100</i>
City & State <i>FORT MYERS, FL</i>	City & State <i>FORT MYERS, FL</i>
Zip <i>33908</i>	Country <i>USA</i>

4. FEI Number 65-0523184	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIELLO, JOHN A
 226 E JOEL BLVD
 LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name: *O'Neill, Arlene*
 Street Address (P.O. Box Number is Not Acceptable): *C/o Prime Management*
9400 Gladiolus Drive, Suite 100
 City: *FORT MYERS, FL* Zip Code: *33908*

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.

SIGNATURE: *Arlene O'Neill* (NOTE: Registered Agent signature required when reinstating) DATE: *1/14/02*

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISON, JANET 226 E JOEL BLVD LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NATIELLO, JOHN 226 E JOEL BLVD LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNES, SUE 226 E JOEL BLVD LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DAVID KRAICGRUN 2695 HACKNEY ROAD WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Eddy Garcia 4235 W 16 AM #101 HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Eddy HERNANDEZ 4235 W 16 AM #101 HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature]* SIGNATURE REQUIRED DATE: *4/29/02* DAYTIME PHONE #: *(954)384-5962*

UNIFORM

CR2E037 (9/01)