


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 041 ****61.25

DOCUMENT # N94000004803

1. Entity Name
BETHANY TRACE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O CORNERSTONE ASSOCIATION
 2137 DAVIS BLVD.
 FT. MYERS, FL 33908 US**

Mailing Address
**C/O CORNERSTONE ASSOCIATION
 2137 DAVIS BLVD.
 FT. MYERS, FL 33908 US**



2. Principal Place of Business
**C/O CORNERSTONE ASSOC MEMT, INC
 409**

3. Mailing Address
**8359 BEACON BLVD
 409**

Suite, Apt., etc.
409

City & State
409

Zip Country Zip Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0523184

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NASSOIY, SHERRY
 C/O CORNERSTONE ASSOCIATION
 2137 DAVIS BLVD.
 FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8359 BEACON BLVD, STE 409
 City MYERS FL Zip Code 33907

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 *Sherry Nassoiy* DATE 2/28/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAICGRUN, DAVID 2695 HACKNEY RD FORT LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCODDER, RONALD 254 BETHANY HOME DR LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARCIA, EDDY 4225 W 16 AVENUE #101 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANDOZA, EDDIE 6831 PALLSADES PARK COURT, SUITE #1 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, HILDA 254 BETHANY HOME DR LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D BRAKULIS, JAMES 585 GENEVIEVE DR LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, HARRIETT 256 BETHANY HOME DR LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input checked="" 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: *Ronald Scudder* DATE 2/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #