


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90083 020 ****61.25

DOCUMENT # N94000004803	
1. Entity Name BETHANY TRACE OWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O CORNERSTONE ASSOCIATION 2137 DAVIS BLVD #409 FT. MYERS FL 33908 US	Mailing Address C/O CORNERSTONE ASSOCIATION 8359 BEACON BLVD #409 FT. MYERS FL 33908 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 65-0523184	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NASSOIJ, SHERRY
C/O CORNERSTONE ASSOCIATION
8359 BEACON BLVD STE 409
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name: **NASSOIJ, SHERRY**
 Street Address (P.O. Box Number is Not Acceptable): **C/O Cornerstone Assoc. Mgt, Inc.
8359 BEACON BLVD #409**
 City: **FT. 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCUDDER, RONALD	
STREET ADDRESS	259 BETHANY HOME DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EDDY	
STREET ADDRESS	4225 W 16 AVENUE #101	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOMEZ, HILDA	
STREET ADDRESS	254 BETHANY HOME DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAKULIS, JAMES	
STREET ADDRESS	585 PENEVIEW DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, HARRIETT	
STREET ADDRESS	256 BETHANY HOME DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *E. Ronald Scudder*