

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90441 015 ****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	
2. Principal Place of Business - No P.O. Box # C/O CALDEX RESORTS INT'L		3. Mailing Address 1100 HOMESTEAD RD, N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEHIGH ACRES, FL		City & State LEHIGH ACRES, FL	
Zip 33936		Country USA	
4. FEI Number 65-0523184		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASSOY, SHERRY C/O CORNERSTONE ASSOC. MGT, INC. 8359 BEACON BLVD STE 409 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: SEIDEL FRED P. CAM/CHA Street Address (P.O. Box Number is Not Acceptable): 1100 HOMESTEAD RD., N City: LEHIGH ACRES FL Zip Code: 33936	
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: <i>[Signature]</i> DATE: 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME SCUDDER, RONALD STREET ADDRESS 259 BETHANY HOME DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE AD NAME MCLAUGHLIN CHARLES STREET ADDRESS 239 BETHANY HOME DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME GOMEZ, HILDA STREET ADDRESS 254 BETHANY HOME DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE VPD NAME BRAKULUS, JAMES STREET ADDRESS 585 GENEVIEVE DR. CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME BRAKULUS, JAMES STREET ADDRESS 585 PENEVIEW DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE ED NAME FLETCHER, HARRIET STREET ADDRESS 254 HOME DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FLETCHER, HARRIET STREET ADDRESS 256 BETHANY HOME DR CITY-ST-ZIP LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE VD NAME GRIST, DAVID STREET ADDRESS 269 RICHMOND AVE. CITY-ST-ZIP 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i> DATE: 4/26/07 DAYTIME PHONE #: 239-369-5848			