


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 014 ****61.25

DOCUMENT # N94000004803					
1. Entity Name BETHANY TRACE OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O LANDEX RESORTS INC 1100 HOMESTEAD RD N LEHIGH ACRES, FL 33936 US			Mailing Address C/O LANDEX RESORTS INC 1100 HOMESTEAD RD N LEHIGH ACRES, FL 33936 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
SEIDEL, FRED R 7100 HOMESTEAD RD N LEHIGH ACRES, FL 33936			Name <u>Darlene Williams, CAM</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O Landex Resorts International</u> <u>1100 Homestead Road</u> City <u>Lehigh Acres</u> FL Zip Code <u>33936</u>		
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 <u>Darlene Williams, CAM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-28-08</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAUGHLIN, CHARLES 239 BETHANY HOME DR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay Walker 293 Justine Cir. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, HILDA 254 BETHANY HOME DR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Rafael Olivieri 267 Richmond Ave. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAKULIS, JAMES GENEVIVE DR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DEBBIE SPRINGARD 274 Bethany Home Dr. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLETCHER, HARRIETT 256 BETHANY HOME DR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas Vonderhaar 585 Genevieve Dr. Lehigh Acres, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIST, DAVID 269 RICHMOND AVE LEHIGH ACRES, FL 33936	<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		<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/8/08</u>		Daytime Phone #