


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90115 018 ****61.25

DOCUMENT # N94000004803

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



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**

C/o CornerStone Association Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL

C/o CornerStone Association Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL



CHECK HERE IF MAKING CHANGES

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

**O'NEILL, ARLENE
C/O PRIME MANAGEMENT
9400 GLADIOLUSDR STE 100
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Sherry Nassouy**

**C/o CornerStone Association
Management, Inc.
2137 Davis Blvd.
Ft. Myers, FL**

FL Zip Code

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 Nassouy* DATE **1/22/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 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	VD GARCIA, EDDY 4225 W 16 AVENUE #101 HIALEAH FL 33012 <input 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	ST GARCIA, MARIA D 4235 W 16 AVE #101 HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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: *Sherry Nassouy* DATE: **2/23/03** 239-369-4010

CFR2E037 (10/02)