


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 036 ****61.25

DOCUMENT # N97000000293

1. Entity Name
 THE VILLAS OF BETHANY TRACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 %LANDEX INTL CORP
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936 US

Mailing Address
 %LANDEX INTL CORP
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936 US

40028489

2/ Principal Place of Business
 % LANDEX RESORTS INT'L
 Suite, Apt. #, etc.

3. Mailing Address
 % LANDEX RESORTS INT'L
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country



01132006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 SEIDEL, FRED R CAM/CHA
 %LANDEX INTL CORP
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 % LANDEX RESORTS INT'L
 City
 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 2/21/06

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCHELLI, MIKE 495 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KODZIS, HENRY 513 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, JOHN 426 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE PRESTIGIOVANNI, AGNES 505 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, RAY 462 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO COSTELLO, ELSA 438 BETHANY VILLAGE CIR. LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCLUSKEY, JUDY 406 BETHANY VILLAGE CIR. LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSTON, GAYLE 443 BETHANY VILLAGE CIR. LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/21/06 Daytime Phone #: 239-368-2626