


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90439 025 ****61.25

DOCUMENT # N97000000293

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



Principal Place of Business
 % LANDEX RESORTS INT'L
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936 US

Mailing Address
 % LANDEX RESORTS INT'L
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936 US

40090552



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0832074

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

SEIDEL, FRED R CAM
 %LANDEX RESORTS INT'L
 1100 HOMESTEAD RD N
 LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent
 Name: **SEIDEL, FRED R. CAM/CHA**
 Street Address (P.O. Box Number is Not Acceptable):
50 LANDEX RESORTS INT'L
1100 HOMESTEAD RD, N.
 City: **LEHIGH ACRES FL 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: *[Signature]* **CAM/CHA** DATE: **4/26/07**

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

Filing Fee is \$61.25
Due by May 1, 2007

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COSTELLO, ELSA 438 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCLUSKEY, JUDY 406 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSTON, GAYLE 443 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 checked="" 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	PD COSTELLO, ELSA 438 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCISCO, PETER 540 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, NANCY 538 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLUSKEY, JUDY 406 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPATKA, DONNA 409 BETHANY VILLAGE CIR LEHIGH ACRES, FL 33936	<input type="checkbox"/> Change <input checked="" 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]* **CAM/CHA** DATE: **4/26/07** 239/869-5844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #