
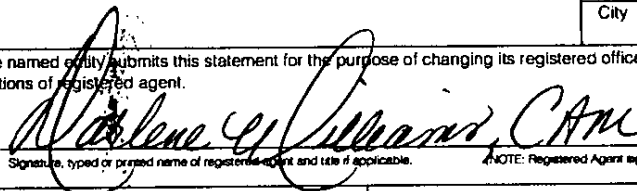
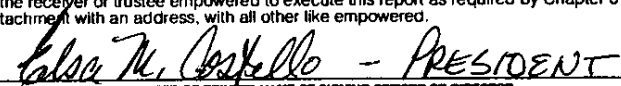


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 038 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0832074	
Zip		Country		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. CAM/CHA %LANDEX RESORTS INT'L 1100 HOMESTEAD RD N LEHIGH ACRES, FL 33936			Name DARLENE WILLIAMS, CAM Street Address (P.O. Box Number is Not Acceptable) C/O LANDEX RESORTS INT'L 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 			DATE 2-5-08		
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	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, PETER			NAME	
STREET ADDRESS	540 BETHANY VILLAGE CIR			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, ELSA			NAME	
STREET ADDRESS	438 BETHANY VILLAGE CIR			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUSKEY, JUDY			NAME	
STREET ADDRESS	406 BETHANY VILLAGE CIR			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, NANCY			NAME	
STREET ADDRESS	538 BETHANY VILLAGE CIR			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPATKA, DONNA			NAME	
STREET ADDRESS	409 BETHANY VILLAGE CIR			STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 			DATE: 2-8-08		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
ELSA M. COSTELLO					

4004130

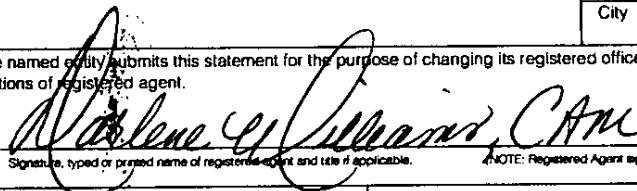


02052008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0832074 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name **DARLENE WILLIAMS, CAM**
 Street Address (P.O. Box Number is Not Acceptable)
C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N.
 City **LEHIGH ACRES FL** Zip Code **33936**

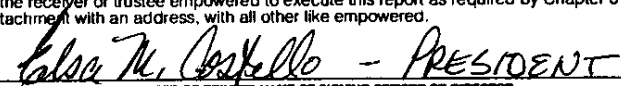
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STREET ADDRESS				STREET ADDRESS			
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SIGNATURE:  DATE: **2-8-08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSA M. COSTELLO