


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004103**  
 1. Entity Name  
**BETHEL OAKS TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>4821 BETHEL CREEK DRIVE          VERO BEACH, FL 32963-1416</b>	Mailing Address <b>4821 BETHEL CREEK DRIVE          VERO BEACH, FL 32963-1416</b>
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**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3590532</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOSLEY, CURTIS R ESQUIRE  
 121 EAST NEW HAVEN AVENUE  
 MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UN0000186001  
 01/21/05-80037-007 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KERESZTI, ZSOLT I 4821 BETHEL CREEK DRIVE VERO BEACH, FL 329631416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLURE, BEVERLY 4829 BETHEL CREEK DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, SAMUEL R 4821 BETHEL CREEK DRIVE VERO BEACH, FL 329631416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Samuel R. Duncan TREASURER Samuel R. DUNCAN 1/15/05 7724736989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #