


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004103 1. Entity Name BETHEL OAKS TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 4821 BETHEL CREEK DRIVE VERO BEACH, FL 32963-1416	Mailing Address 4821 BETHEL CREEK DRIVE VERO BEACH, FL 32963-1416
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01042006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQUIRE 121 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	KERESZTI, ZSOLT I
STREET ADDRESS	4821 BETHEL CREEK DRIVE
CITY-ST-ZIP	VERO BEACH, FL 329631416
TITLE	SD
NAME	MCCLURE, BEVERLY
STREET ADDRESS	4829 BETHEL CREEK DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD
NAME	DUNCAN, SAMUEL R
STREET ADDRESS	4821 BETHEL CREEK DRIVE
CITY-ST-ZIP	VERO BEACH, FL 329631416
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404056
02/06/06-80032-008 70.00

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: *Samuel R Duncan* Samuel R DUNCAN, TD 1/4/2006-473-6989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #