

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004803

**Entity Name:** BETHANY TRACE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANDEX RESORTS INC  
25 HOMESTEAD RD N STE. 41  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

C/O LANDEX RESORTS INC  
25 HOMESTEAD RD N STE. 41  
LEHIGH ACRES, FL 33936 US

**FEI Number: 65-0523184**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANDEX RESORTS INTERNATIONAL INC.  
C/O LANDEX RESORTS INTERNATIONAL  
25 HOMESTEAD ROAD N STE. 41  
LEHIGH ACRES, FL 33936 US

*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.*

**SIGNATURE: ROBYN A. ROCCO, VP**

**02/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPRINGARD, DEBBIE  
Address        C/O LANDEX RESORTS INC  
                  25 HOMESTEAD RD N STE. 41  
City-State-Zip: LEHIGH ACRES FL 33936

Title            VP  
Name            ACOSTA, ROGELIO  
Address        C/O LANDEX RESORTS INC  
                  25 HOMESTEAD RD N STE. 41  
City-State-Zip: LEHIGH ACRES FL 33936

Title            SECRETARY  
Name            ANTALICK, MARY  
Address        C/O LANDEX RESORTS INC  
                  25 HOMESTEAD RD N STE. 41  
City-State-Zip: LEHIGH ACRES FL 33936

Title            TREASURER  
Name            PETERSON, DONNA  
Address        C/O LANDEX RESORTS INC  
                  25 HOMESTEAD RD N STE. 41  
City-State-Zip: LEHIGH ACRES FL 33936

Title            DIRECTOR  
Name            CARLSON, KAREN  
Address        C/O LANDEX RESORTS INC  
                  25 HOMESTEAD RD N STE. 41  
City-State-Zip: LEHIGH ACRES FL 33936

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY ANTALICK**

**SECRETARY**

**02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date