

2020 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
1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936**Current Mailing Address:**C/O LANDEX RESORTS INC
1100 HOMESTEAD RD N
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
1100 HOMESTEAD ROAD
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

02/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SPRINGARD, DEBBIE
Address C/O LANDEX RESORTS INT'L
 1100 HOMESTEAD RD N
City-State-Zip: LEHIGH ACRES FL 33936

Title TREASURER
Name ANTALICK, MARY
Address C/O LANDEX RESORTS INC
 1100 HOMESTEAD RD N
City-State-Zip: LEHIGH ACRES FL 33936

Title SECRETARY
Name CARLSON, KAREN
Address 1100 HOMESTEAD RD. N. STE. D
City-State-Zip: LEHIGH FL 33936

Title VP
Name ACOSTA, ROGELIO
Address C/O LANDEX RESORTS INC
 1100 HOMESTEAD RD N
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name RAE, JOHN
Address 1100 HOMESTEAD RD. N. STE. D
City-State-Zip: LEHIGH 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: DEBBIE SPRINGARD

PD

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date