

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004803

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

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC0317479615**

**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:**

ROCCO, ROBYN A  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            SPRINGARD, DEBRA  
Address        274 BETHANY HOME DRIVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title            VP  
Name            MCLAUGHLIN, CHARLES  
Address        239 BETHANY HOME DR.  
City-State-Zip: LEHIGH ACRES FL 33936

Title            S  
Name            FALLON, BRENDA  
Address        269 JUSTENE CIR  
City-State-Zip: LEHIGH ACRES FL 33936

Title            T  
Name            ACOSTA, ROGELIO  
Address        275 RICHMOND AVE.  
City-State-Zip: LEHIGH ACRES FL 33936

Title            DIRECTOR  
Name            ANTALICK, MARY  
Address        238 BETHANY HOME DR.  
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: DEBRA SPRINGARD**

**PD**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date