

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2007
Secretary of State**

DOCUMENT# N05000002740

Entity Name: BELLS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-2510894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOYLE, WILLIAM A JR.
Address: P.O. BOS 810
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VD () Delete
Name: GILLETTE, ASA
Address: 20 SOUTH 4TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD () Delete
Name: HUNT, BRIAN
Address: 2117 S. FLETCHER AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROEHL, COLE
Address: 87198 KIPLING DRIVE
City-St-Zip: YULEE, FL 32097

Title: VD (X) Change () Addition
Name: DENGLER, LAWRENCE
Address: 87210 KIPLING DRIVE
City-St-Zip: YULEE, FL 32097

Title: STD (X) Change () Addition
Name: WEBER, JOE
Address: 87186 KIPLING DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLE PROEHL

PD

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date