

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002740

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: BELLS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5955 TG LEE BLVD, SUITE 300  
ORLANDO, FL 328224457

**New Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097 US

**Current Mailing Address:**

5955 TG LEE BLVD, SUITE 300  
ORLANDO, FL 328224457

**New Mailing Address:**

P O BOX 1987  
YULEE, FL 32041 US

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  
5955 TG LEE BLVD, SUITE 300  
ORLANDO, FL 328224457 US

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

PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE ROAD 200  
YULEE, FL 32097 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: SCOTT STEFFEN

04/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PISANI, PAUL  
Address: 87057KIPLING DRIVE  
City-St-Zip: YULEE, FL 32097

Title: VPD ( ) Delete  
Name: MCCASKILL, ISAAC F  
Address: 87029 KIPLING DRIVE  
City-St-Zip: YULEE, FL 32097

Title: STD ( ) Delete  
Name: MURALLO, RUFINO V JR  
Address: 97086 YORKSHIRE DRIVE  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PISANI, PAUL  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: VPD (X) Change ( ) Addition  
Name: MCCASKILL, FRANK  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

Title: STD (X) Change ( ) Addition  
Name: MURALLO, RUFINO JR  
Address: P O BOX 1987  
City-St-Zip: YULEE, FL 32041 US

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT STEFFEN

RA

04/19/2009

Electronic Signature of Signing Officer or Director

Date