			Certificate of Status Desired. NO	
Name and Address of Current Registered Agent:				
DAVIS, LISA 2220 COUNTY SUITE 108-128 SAINT JOHNS	3			
The above named	d entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the State of I	Florida.
SIGNATURE: LISA DAVIS				04/04/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	TREASURER	Title	PRESIDENT	
Name	WOODS, BYRON	Name	HORNER, JEFFREY	
Address	C/O PREMIER FLORIDA PROPERTY MANAGEMENT PO BOX 2088	Address	C/O PREMIER FLORIDA PRO MANAGEMENT PO BOX 2088	PERTY
City-State-Zip:	CALLAHAN FL 32011	City-State-Zip:	CALLAHAN FL 32011	
Title	SECRETARY			
Name	HOLLAND , GREGORY			
Address	C/O PREMIER FLORIDA PROPERTY MANAGEMENT PO BOX 2088			
City-State-Zip:	CALLAHAN FL 32011			

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: JEFFREY HORNER

Electronic Signature of Signing Officer/Director Detail

04/04/2020

Date

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BELLS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2220 COUNTY ROAD 210 W SUITE 108-128 SAINT JOHNS, FL 32259

DOCUMENT# N0500002740

Current Mailing Address:

PO BOX 2088 CALLAHAN, FL 32011 US

FEI Number: 20-2510894

N

Certificate of Status Desired: No