

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2004
Secretary of State**

DOCUMENT# N00000005232

Entity Name: BELL HARBOR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

22210 BELL HARBOR DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

22210 BELL HARBOR DR
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAN, JEFFREY A
14502 N DALE MABRY HWY, STE 300
TAMPA, FL 33618 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: TONKYRO, JASON
Address: 22222 BELL HARBOR DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: VPD () Delete
Name: JONES, KELLY
Address: 21516 WOODSTOCK LANE
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: PETENES, PAMES M
Address: 22210 BELL HARBOR DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: ROGERS, TIMOTHY
Address: 16614 W. COURSE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D (X) Delete
Name: BALL, THOMAS J
Address: 22219 BREAKER POINT LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: SD (X) Delete
Name: PRIETO, FERNANDO
Address: 22241 BELL HARBOR DRIVE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA PETENES

TD

01/11/2004

Electronic Signature of Signing Officer or Director

Date