Apr 26 05 10:45a Reunion Resort & Club

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90225 002 ****61.25

DOCUMENT # N03000011005

1. Entity Name
BELLA COLLINA PROPERTY OWNER'S ASSOCIATION, INC.

19008099

Principal Place of Business	Mailing Address
215 CELEBRATION PLACE SUITE 200 CELEBRATION, FL 34747	215 CELEBRATION PLACE SUITE 200 CELEBRATION, FL 34747

04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2458677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ASP, JOHN R
STREET ADDRESS	215 CELEBRATION PLACE SUITE 200
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	DV
NAME	GEORGE, SHAWN
STREET ADDRESS	1 HAMMOCK BEACH PKWY.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	DS
NAME	BONNER, VINCE
STREET ADDRESS	215 CELEBRATION PLACE SUITE 200
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOHN R. ASP 4/26/05 407-396-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #