

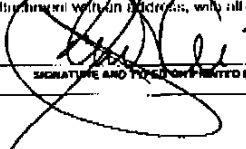
Apr 26 05 10:45a

Reunion Resort & Club

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90225 002 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N03000011005 1. Entity Name BELLA COLLINA PROPERTY OWNER'S ASSOCIATION, INC.		
Principal Place of Business 215 CELEBRATION PLACE SUITE 200 CELEBRATION, FL 34747	Mailing Address 215 CELEBRATION PLACE SUITE 200 CELEBRATION, FL 34747	
DO NOT WRITE IN THIS SPACE		
4. FFI Number 56-2458677		
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 _____ (Signature, typed or printed name of registered agent and title a representative) (Signature) (Registered Agent Signature required when not striking) (Title)		
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-STATE-ZIP CELEBRATION, FL 34747	DO NOT WRITE IN THIS SPACE	
TITLE DV NAME GEORGE, SHAWN STREET ADDRESS 1 HAMMOCK BEACH PKWY. CITY-STATE-ZIP PALM COAST, FL 32137		
TITLE DS NAME BONNER, VINCE STREET ADDRESS 215 CELEBRATION PLACE SUITE 200 CITY-STATE-ZIP CELEBRATION, FL 34747		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 4/26/05 102-396-3186 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)		

14008099

04262005 No Chg-NP CR2E007 (10/03)

4. FFI Number 56-2458677	Applied for Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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