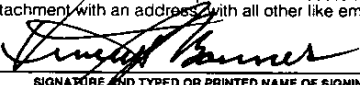


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90196 032 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2458677	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
A.G.C. CO. 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ASP, JOHN R		NAME		
STREET ADDRESS	215 CELEBRATION PLACE SUITE 200		STREET ADDRESS		
CITY - ST - ZIP	CELEBRATION, FL 34747		CITY - ST - ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GEORGE, SHAWN		NAME		
STREET ADDRESS	1 HAMMOCK BEACH PKWY.		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BONNER, VINCE		NAME		
STREET ADDRESS	215 CELEBRATION PLACE SUITE 200		STREET ADDRESS		
CITY - ST - ZIP	CELEBRATION, FL 34747		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			VINCENT A. BONNER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/27/06		Daytime Phone # 407-396-5243