2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90016 021 ****61.25

DOCUMENT # N03000011005

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

Principal Place of Business	Mailing Address
31 Lupi Court Suite 150 Palm Coast, FL 32137	31 Lupi Court Suite 150 Palm Coast, FL 32137

01112007 No Chg-NP CR2E037 (4/06)

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

GINN PROPERTY MANAGEMENT, LLC
31 Lupi Court Suite 150
Palm Coast, FL 32137

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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 Melissa Shane 3-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHANE, MELISSA
STREET ADDRESS	31 Lupi Court Suite 150
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DV
NAME	GEORGE, SHAWN
STREET ADDRESS	31 Lupi Court Suite 150
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DS
NAME	ASHBROOK, JUDY
STREET ADDRESS	31 Lupi Court Suite 150
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Melissa Shane 3-22-07 386-246-5747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fee 61.25