## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRIN

SIGNATURE:

## DOCUMENT # N03000011005 FILED BELLA COLLINA PROPERTY OWNER'S ASSOCIATION, 08 NOV ID PH 2: 02 INC. ALLAMASSEE, FLORIDA Principal Place of Business Mailing Address 31 Lupi Court, Suite 230 31 Lupi Court, Suite 230 Palm Coast, FL 32137 Palm Coast, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10302008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 56-2458677 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GINN PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 31 Lupì Court, Suite 230 Palm Coast, FL 32137 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 10-31-08 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 мау Ве Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE DΡ Delete TITLE P Change Addition William Tschetter SHANE, MELISSA NAME NAME 215 Celebration Place, Suite 200 STREET ADDRESS 31 LUPI CT SUITÉ 150 STREET ADDRESS Celebration, FL 34747 PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-7IP DV TITLE VP TITLE Delete Change Addition David Hood GEORGE, SHAWN MARIE NAME 1000 Reunion Way STREET ADDRESS 31 LUPI CT SUITE 150 STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP Reunion, FL 34747 TITLE S/T Delete ☐ Addition TITLE Nancy Derrick ₩ Change ASHBROOK, JUDY NAME 15920 Country Road 455 31 LUPI CT SUITE 150 STREET ADDRESS STREET ADDRESS Montverde, FL 34756 PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME **400137794** 11/10/08--01066--019 714 STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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