2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N03000011005

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

Current Principal Place of Business:

31 LUPI COURT
230
PALM COAST, FL 32137

New Principal Place of Business:

1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137

Current Mailing Address:

31 LUPI COURT
230
PALM COAST, FL 32137

New Mailing Address:

1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137

FEI Number: 56-2458677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINN PROPERTY MANAGEMENT, LLC
31 LUPI COURT
230
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

GINN PROPERTY MANAGEMENT, LLC
1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137 US

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.

SIGNATURE: MELISSA SHANE 04/13/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TSCHETTER, WILLIAM
Address: 215 CELEBRATION PLACE, SUITE 200
City-St-Zip: CELEBRATION, FL 34747 US

Title: V ( ) Delete
Name: HOOD, DAVID
Address: 1000 REUNION WAY
City-St-Zip: REUNION, FL 34747

Title: ST ( ) Delete
Name: DERRICK, NANCY
Address: 15920 COUNTRY ROAD 455
City-St-Zip: MONTVERDE, FL 34756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: DERRICK, NANCY
Address: 15920 COUNTRY ROAD 455
City-St-Zip: MONTVERDE, FL 34756 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TSCHETTER P 04/13/2009
Electronic Signature of Signing Officer or Director — Date