2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/

FILED
06 APR 19 PH 3:04
660094[illegible]
TALLAHASSEE, FLORIDA

03-27-06 90277 044 $61.25
1st MOORE CR2E037 (10/05)

DOCUMENT # N05000012671

1. Entity Name

BELLA HARBOR MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 EXECUTIVE WAY, SUITE 108 PONTE VEDRA BCH FL 32082	100 EXECUTIVE WAY, SUITE 108 PONTE VEDRA BCH FL 32082

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc. Suite 206
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4604803 ☐ Applied For ☐ Not Applicable

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
DAVENPORT, GARY B 5203 JOHN ANDERSON HWY. FLAGLER BCH FL 32136	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VERGNOLLE, RONALD B 100 EXECUTIVE WAY, SUITE 108 PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Suite 206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VERGNOLLE, ROBERT R 100 EXECUTIVE WAY, SUITE 108 PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Suite 206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CRAWFORD, G. ALEXANDER 100 EXECUTIVE WAY, SUITE 108 PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Suite 206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4/19
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SECURING OFFICER OR DIRECTOR — Date — Phone #