


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 015 ****61.25

DOCUMENT # N05000012671	
1. Entity Name BELLA HARBOR MARINA ASSOCIATION, INC.	

Principal Place of Business 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BCH, FL 32082	Mailing Address 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BCH, FL 32082
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2. Principal Place of Business - No P.O. Box # 575 Bella Harbor Way Suite, Apt. #, etc.	3. Mailing Address P.O. Box 353331 Suite, Apt. #, etc.
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06062007 Chg-NP CR2E037 (12/06)

City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Country USA

4. FEI Number 20-4604803	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, GARY B
5203 JOHN ANDERSON HWY.
FLAGLER BCH, FL 32136

7. Name and Address of New Registered Agent

Name Fred Annon, Jr.
Street Address (P.O. Box Number is Not Acceptable) 7 Florida Park Drive North, suite C
City Palm Coast
Zip Code FL 32137

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

07-12-2007

Filing Fee is \$61.25
Due by September 14, 2007

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VERGNOLLE, RONALD B 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD VERGNOLLE, ROBERT R 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CRAWFORD, G. ALEXANDER 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT VERGNOLLE 7-16-07

Date

386-446-6333

Daytime Phone #