## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **FILED** Jul 25, 2007 8:00 am

DOCUMENT # N05000012671  1. Entity Name BELLA HARBOR MARINA ASSOCIATION, INC.				07-25-2007 90046 015 ****61.25			
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					
2 Principal P	flace of Business - No P.O. Box #	3. Mailing Address					
575 Bella Harbor Way		P.O. Box 353331			liti aalit esiit sarti betot kieta tioid biitii idabi ii	E)(31 31 15 61	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06062007 Ch	g-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number	\ <del>  -</del>	ppliea For	
Palm Coast, FL		Palm Coast, FL		20-4604803 Not Applicable  5 Certificate at Status Desired \$8.75 Additional			
Ζφ	Country	Zip   32135-3331	Country	5. Certificate of Star	tus Desired	ditional ed	
32137	6. Name and Address of Current		USA		ess of New Registered Agent		
DAVENDO	DT CARVE	· · · · · · · · · · · · · · · · · · ·	Name Fred	Annon, Jr.			
DAVENPORT, GARY B 5203 JOHN ANDERSON HWY.			[ Street Addres	Name Fred Annon, Jr. Street Address (P.O. Box Number is Not Acceptable)			
	BCH, FL 32136		7 Flor	7 Florida Park Drive North, suite C			
1							
			City Palm C		FL   Zip Coo		
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office or regis	oase_ stered agent, or both, in th			
	tions of registered agent.						
	1. h. 0 ( )	$\bigcirc$			M17-7001	7	
SIGNATURE .	Signature, typed or printed name of registered agent	apolitile if ipplicable. (NOTE	; Registered Agent signature requ	uired when reinstating)	DATE		
			•				
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Efection Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make check payable t Florida Department of S		
<b>D</b> .	ue by September 14, 2007 OFFICERS AND DI	Trust Fund C		Added to Fees		itate	
10. TITLE	OFFICERS AND DI	Trust Fund C	ontribution.	Added to Fees	Florida Department of S	itate	
10. TITLE NAME	OFFICERS AND DII PD VERGNOLLE, RONALD B	Trust Fund C	Ontribution.   11.  TITLE NAME	Added to Fees	Florida Department of S S TO OFFICERS AND DIRECTORS IF	N 10	
10. TITLE	OFFICERS AND DII PD VERGNOLLE, RONALD B 100 EXECUTIVE WAY, SUITE 2	Trust Fund C RECTORS  Delete	ontribution.	Added to Fees	Florida Department of S S TO OFFICERS AND DIRECTORS IF	N 10	
10. TITLE NAME STREET ADDRESS CITY ST ZIP	OFFICERS AND DII PD VERGNOLLE, RONALD B	Trust Fund C  RECTORS  Delete  066	Ontribution.	Added to Fees	Florida Department of S S TO OFFICERS AND DIRECTORS IF	itate N 10 Addilion	
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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 fulfile 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 all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR