

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90014 032 ****61.25

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1. Entity Name
BELLA HARBOR MARINA ASSOCIATION, INC.

Principal Place of Business
575 BELLA HARBOR WYA
PALM COAST, FL 32137

Mailing Address
PO BOX 35331
PALM COAST, FL 32135



2. Principal Place of Business - No P.O. Box #
575 Palm Harbor Parkway
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 35331
Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number
20-4604803

Applied For
Not Applicable

Zip
32137

Country

Zip
32135

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANNON, FRED JR
7 FLORIDA AVE
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Southern States Management Group

7 Florida Park Drive N. Suite C

City

Palm Coast

FL

Zip Code
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 PD ☒ Delete
NAME VERGNOLLE, RONALD B
STREET ADDRESS 100 EXECUTIVE WAY, SUITE 206
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE VD ☒ Delete
NAME VERGNOLLE, ROBERT R
STREET ADDRESS 100 EXECUTIVE WAY, SUITE 206
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE STD ☒ Delete
NAME CRAWFORD, G. ALEXANDER
STREET ADDRESS 100 EXECUTIVE WAY, SUITE 206
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Pagan, Charles
STREET ADDRESS 1944 Imperial Golf Course Blvd.
CITY-ST-ZIP Naples, FL 34110

TITLE VD ☐ Change ☒ Addition
NAME Jack Corbett
STREET ADDRESS 3931 Hano Court
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE STD ☐ Change ☒ Addition
NAME Sue Kreichelt
STREET ADDRESS 13045 Palmetto Glade Drive
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Corbett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

386-446-6333

Daytime Phone #