## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012671

FILED Apr 30, 2009 Secretary of State

Entity Name: BELLA HARBOR MARINA ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

7 FLORIDA PARK DRIVE NORTH

PALM COAST, FL 32137

**Current Mailing Address:** 

PALM COAST, FL 32137

575 PALM HARBOR PARKWAY

**New Mailing Address:** 

PO BOX 35331 PALM COAST, FL 32135 POST OFFICE BOX 35331

PALM COAST, FL 32135

FEI Number: 20-4604803

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOUTHERN STATES MANAGEMENT GROUP

ANNON, FRED JR

7 FLORIDA AVE

7 FLORIDA PARK DRIVE NORTH SOUTHERN STATES MANAGEMENT GRP

PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/30/2009

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

Name:

PAGAN, CHARLES

1944 IMPERIAL GOLF COURSE BLVD Address:

City-St-Zip: NAPLES, FL 34110

Title: VD () Delete Name: CORBETT, JACK

Address: 3931 HANO COURT

City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete KREICHELT, SUE Name:

13045 PALMETTO GLADE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32246

(X) Change ( ) Addition

PAGAN, CHARLES Name:

Address: POST OFFICE BOX 353331 PALM COAST, FL 32135

City-St-Zip:

(X) Change ( ) Addition Title: VD Name: CORBETT, JACK

Address: POST OFFICE BOX 353331 City-St-Zip: PALM COAST, FL 32135

Title: STD (X) Change ( ) Addition

Name: WEHRLY, FRANK

POST OFFICE BOX 353331 Address: City-St-Zip: PALM COAST, FL 32135

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: FRANK WEHRLY S 04/30/2009