

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 12 PM 2:14

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000132		
1. Entity Name BELLANONA GRANDE COMMUNITY ASSOCIATION, INC.		

Principal Place of Business <del>300 SOUTH ORANGE AVE., SUITE 1000</del> <del>ORLANDO, FL 32801</del>	Mailing Address <del>300 SOUTH ORANGE AVE., SUITE 1000</del> <del>ORLANDO, FL 32801</del>
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2. Principal Place of Business - No P.O. Box # 5516 Commerce Drive Suite, Apt. #, etc. B100 City & State Orlando Zip 32839 - Country Florida	3. Mailing Address PO Box 568846 Suite, Apt. #, etc. Orlando City & State Orlando Zip 32856 - Country Florida
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11032008 REIN-NP CR2E099 (1/07)

4. FEI Number  
87-0795234  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent MORGAN, CLIFFORD R 10531 WITTENBERG WAY ORLANDO, FL 32832	7. Name and Address of New Registered Agent Name Pamela R. Wolters Street Address (P.O. Box Number is Not Acceptable) 5516 Commerce Drive, Suite B100 City Orlando FL Zip Code 32839
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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 PAMELA R. WOLTERS  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 MORGAN, C. REES II <del>300 SOUTH ORANGE AVE., SUITE 1000</del> <del>ORLANDO, FL 32801</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13960 MYRTLEWOOD DR ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLS, JON 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137853972 11/12/08-01039-013 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, ART 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: C. REES MORGAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/12/08 7200321-695-5994  
Daytime Phone #

111.30