

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90027 040 \*\*\*\*61.25

<b>DOCUMENT # N07000000373</b>					
<b>1. Entity Name</b> BELLA RIVA CONDOMINIUM OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1234 AIRPORT RD., #124 DESTIN, FL 32541			<b>Mailing Address</b> 1234 AIRPORT RD., #124 DESTIN, FL 32541		
<b>2. Principal Place of Business - No P.O. Box #</b> 874 VENUS Ct.		<b>3. Mailing Address</b> 546 Mary Esther Cutoff		Suite, Apt. #, etc. 3A	
<b>City &amp; State</b> Fort Walton Beach		<b>City &amp; State</b> Fort Walton Beach		<b>4. FEI Number</b> 20-8220606	
<b>Zip</b> FL		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DUNKLE, GERALD R 1234 AIRPORT RD., #124 DESTIN, FL 32541			<b>7. Name and Address of New Registered Agent</b> Name: Michelle Anchors Street Address (P.O. Box Number is Not Acceptable): 909 Mar Walt Dr Suite 1014 City: Fort Walton Beach FL Zip Code: 32547		
<b>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.</b> SIGNATURE:  DATE: 2-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PSD <b>NAME</b> DUNKLE, GERALD R <b>STREET ADDRESS</b> 1234 AIRPORT RD., #124 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Dunkle, Gerald R. <b>STREET ADDRESS</b> 1234 Airport Rd #124 <b>CITY-ST-ZIP</b> Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> HARRISON, JOHN W <b>STREET ADDRESS</b> 1234 AIRPORT RD., #124 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete		<b>TITLE</b> OST <b>NAME</b> HARRISON, John W. <b>STREET ADDRESS</b> 1234 Airport Rd #124 <b>CITY-ST-ZIP</b> Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MAIRSON, DANI <b>STREET ADDRESS</b> 1234 AIRPORT RD., #124 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CORMACK, CRAIG <b>STREET ADDRESS</b> 6101 S 58th, Ste B <b>CITY-ST-ZIP</b> Lincoln, NE 68516	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SALASSA, Raymond <b>STREET ADDRESS</b> P.O. Box 1526 <b>CITY-ST-ZIP</b> OSAGE BEACH, MO 65065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> GRIZZLE, LARRY <b>STREET ADDRESS</b> PO BOX 11053 <b>CITY-ST-ZIP</b> BIG CANOE, GA 30143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			T. N. JENSEN 2-19-08 850-501-2699 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

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