2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009158

Apr 29, 2009 Secretary of State

Entity Name: BELLA MARE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1400 MARSH LANDING PARKWAY 312 OSPREY NEST CT.

SUITE 108 PONTE VEDRA BEACH, FL 32082 JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

1400 MARSH LANDING PARKWAY 3948 3RD ST. SO.,

SUITE 108 #336

JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250

FEI Number: 80-0398601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRABTREE, R.R. 8777 SAN JOSE BOULEVARD, SUITE 200 JACKSONVILLE, FL 32217 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: R.R. CRABTREE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: O/D (X) Change () Addition

Name: GARRISON, GARY Name: GARRISON, GARY

Address: 1400 MARSH LANDING PARKWAY, SUITE 108 Address: 3948 3RD ST. SO. , #336
City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete Title: D (X) Change () Addition Name: GARRISON, NATALIE D (X) Change () Addition Name: GARRISON, NATALIE

Address: 1400 MARSH LANDING PARKWAY, SUITE 108 Address: 3948 3RD ST. SO., #336

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete Title: () Change () Addition

 Name:
 CRABTREE, R.R.
 Name:

 Address:
 8777 SAN JOSE BOULEVARD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:

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: GARY M. GARRISON O/D 04/29/2009