FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39603** **(8)**

1. Corporation Name

BELLA HAVEN DUPLEXES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
713 GASPARINO COURT SEFFNER FL 33584	713 GASPARINO COURT SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3029094 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J.
791 W. LUMSDEN ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when indicated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MUNOZ, CARMEN	12 NAME		
STREET ADDRESS	716 GASPARINO COURT	13 STREET ADDRESS		
CITY ST ZIP	SEFFNER FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SCHOONMAKER, ANN	22 NAME		
STREET ADDRESS	714 GASPARINO COURT	23 STREET ADDRESS		
CITY ST ZIP	SEFFNER FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CARTER, BOBBIE	32 NAME		
STREET ADDRESS	721 CASPARINO COURT	33 STREET ADDRESS		
CITY ST ZIP	SEFFNER FL	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	MILLS, ROGER	42 NAME		
STREET ADDRESS	712 GASPARINO COURT	43 STREET ADDRESS		
CITY ST ZIP	SEFFNER FL	44 CITY ST ZIP		
TITLE	ST	51 TITLE		☐ Change ☐ Addition
NAME	MURPHY, SANDY	52 NAME		
STREET ADDRESS	713 GASPARINO COURT	53 STREET ADDRESS		
CITY ST ZIP	SEFFNER FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME	office open	62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Murphy Sandra Murphy 4/30/95 813-681-0548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063020