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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33584-4500

3. Date Incorporated or Qualified  
08/07/1990

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNOZ, CARMEN	
STREET ADDRESS	716 GASPARINO COURT	
CITY - ST - ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOONMAKER, ANN	
STREET ADDRESS	714 GASPARINO COURT	
CITY - ST - ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, BOBBIE	
STREET ADDRESS	721 CASPARINO COURT	
CITY - ST - ZIP	SEFFNER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLS, ROGER	
STREET ADDRESS	712 GASPARINO COURT	
CITY - ST - ZIP	SEFFNER FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, SANDY	
STREET ADDRESS	713 GASPARINO COURT	
CITY - ST - ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ST MacFarlane, Sandra
5.3 STREET ADDRESS	713 Gasparino Ct
5.4 CITY - ST - ZIP	Seffner FL 33584-4500
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 B. MacFarlane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

813-681-0548

CR2E037 (9/96)