


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 713 GASPARINO COURT SEFFNER FL 33584	Mailing Address 713 GASPARINO COURT SEFFNER FL 33584
--	--

3. Date Incorporated or Qualified

08/07/1990

4. FEI Number

59-3029094

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNOZ, CARMEN	
STREET ADDRESS	716 GASPARINO COURT	
CITY-ST-ZIP	SEFFNER FL	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	101 South Gunlock St.	
1.4 CITY-ST-ZIP	Tampa, FL 33609	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOONMAKER, ANN	
STREET ADDRESS	714 GASPARINO COURT	
CITY-ST-ZIP	SEFFNER FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, BOBBIE	
STREET ADDRESS	721 CASPARINO COURT	
CITY-ST-ZIP	SEFFNER FL	

3.1 TITLE	position open	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4646 Gasparino Ct	
3.3 STREET ADDRESS	Seffner, FL 33584	
3.4 CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLS, ROGER	
STREET ADDRESS	712 GASPARINO COURT	
CITY-ST-ZIP	SEFFNER FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MACFARLANE, SANDRA	
STREET ADDRESS	713 GASPARINO CT	
CITY-ST-ZIP	SEFFNER FL 00	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME	position open	
STREET ADDRESS		
CITY-ST-ZIP		

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 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 MacFarlane Sandra MacFarlane 4/29/98 813-681-0548

CR2E037 (1097)