

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2001 08:00 AM****Secretary of State****DOCUMENT # N39603****1. Entity Name****BELLA HAVEN DUPLEXES HOMEOWNERS ASSOCIATION, INC.****Principal Place of Business**

713 GASPARINO COURT

SEFFNER
33584

FL

Mailing Address

713 GASPARINO COURT

SEFFNER
33584

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3029094**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCDERMOTT, MICHAEL J.
791 W. LUMSDEN ROADBRANDON
33511 US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

05/08/2001

DATE

**FILE NOW:
FEE IS \$61.25****9. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MONNEYHAM SHERRI 721 GASPARINO CT SEFFNER FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V CHANCEY BOBBY 708 GASPARINO CT SEFFNER FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P MOONEYHAM MARK 721 GASPARINO CT SEFFNER FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD MACFARLANE SANDRA 713 GASPARINO CT SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MILLS ROGER 712 GASPARINO COURT SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MUNOZ CARMEN 101 S GUNLOCK ST TAMPA FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:**SANDRA A. MACFARLANE**

T

05/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telex Phone #

CR2E037 (11/00)