

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39603

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: BELLA HAVEN DUPLEXES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

713 GASPARINO COURT
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

713 GASPARINO COURT
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3029094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNOZ, CARMEN
Address: 101 S GUNLOCK ST
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MILLS, ROGER
Address: 712 GASPARINO COURT
City-St-Zip: SEFFNER, FL 33584

Title: TD () Delete
Name: MACFARLANE, SANDRA
Address: 713 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: V (X) Delete
Name: CHANCEY, BOBBY
Address: 708 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: MONNEYHAM, SHERRI
Address: 721 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: P () Delete
Name: MOONEYHAM, MARK
Address: 721 GASPARION CT
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA A. MACFARLANE

D

04/27/2002

Electronic Signature of Signing Officer or Director

Date