

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N39603

FILED
Oct 19, 2006
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:

COTTERILL, RONALD E ESQ
1010 NORTH FLORIDA AVE
TAMPA, FL 33602 US

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: RONALD COTTERILL

10/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, BOB
Address: 708 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: BENDEVER, DONALD
Address: 723 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

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

Title: S () Delete
Name: FIKES, JIMMY
Address: 706 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: PD (X) Delete
Name: MOONEYHAM, MARK
Address: 4543 MOHICAN ST
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: JUSTICE, BRENDA
Address: 718 GASPARINO 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
Name:
Address:
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 Chapter 119, 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 MACFARLANE

TD

10/19/2006

Electronic Signature of Signing Officer or Director

Date