2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# N39603

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COTTERILL, RONALD E ESQ
1010 NORTH FLORIDA AVE
TAMPA, FL 33602 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:	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:	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
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 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 D/T 07/10/2007

Electronic Signature of Signing Officer or Director — Date