

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39603

FILED
Apr 14, 2008
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:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WENRICH, DENNIS F
Address: 808 S. PARSONS AVE
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Change () Addition
Name: SCRIVENS, VOLETTA
Address: 704 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

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

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

Title: VP (X) Change () Addition
Name: SCRIVENS, LAWRENCE
Address: 704 GASPARINO CT
City-St-Zip: SEFFNER, FL 33584

Title: D P () Change (X) Addition
Name: BOND, BOB
Address: 705 GASPARINO CT.
City-St-Zip: SEFFNER, FL 33584

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

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04/14/2008

Electronic Signature of Signing Officer or Director

Date