


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 013 ****61.25

DOCUMENT # N96000006473	
1. Entity Name	
BELLAMY PLANTATION HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
299 BELLAMY DR MONTICELLO FL 32344	299 BELLAMY DR MONTICELLO FL 32344

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State

Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-3451348	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SPARKES, JOHN G 299 BELLAMY DR MONTICELLO FL 32344

7. Name and Address of New Registered Agent	
Name	ROBERT J. DONOVAN II
Street Address (P.O. Box Number is Not Acceptable)	
145 BELLAMY DRIVE	
City	MONTICELLO FL Zip Code 32344

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert J. Donovan DATE 5/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKES, JOHN G	NAME	
STREET ADDRESS	299 BELLAMY DR	STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32344	CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, CATHY	NAME	
STREET ADDRESS	145 BELLAMY DR	STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32344	CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, ROBERT J II	NAME	
STREET ADDRESS	145 BELLAMY DR	STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32344	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Robert J. Donovan 5/1/06 850/997-8000