2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

ANNUAL REPORT (AR)							Mai	r 04 20	M8 800	.00	am	
DOCUMENT # N9600006473 1. Entity Name PELLANCE PLANCE PLANCE PROPERTY ASSOCIATION							Mar 04, 2008 8:00 am Secretary of State					
BELLAMY PLANTATION HOMEOWNERS' ASSOCIATION, INC.												
Principal Plac	e of Busines	s	Mailing Address	Mailing Address								
299 BELLAN MONTICELL		4	299 BELLAMY DR MONTICELLO FL 323	299 BELLAMY DR MONTICELLO FL 32344								
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						JI VOITE BOLLE OLILI OLI			
480 Bellamy Drive Suite, Apr. #. etc.			480 Bellamy Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E037 (10/07)					
City & State Monticello, FL				Monticello, FL			4. FEI Number 59-3451348 Applied For Not Applicable					
Zip 3234	344 USA		Zip 32344			ontry SA 5. Cert		ate of Status Desired				
		and Address of Curr	rent Registered Agent				7. Name and Ad	dress of New Reg	istered Agen	t		
_SARKISIAN, CHARLES B 516 BELLAMY DR MONTICELLO FL 32344						Street Address (P.O. Box Number is Not Acceptable) 480 Bellamy Drive						
				÷.			Monticello FL Zip Code 32344					
	named entitions of regis		nt for the purpose of changing its	s register	ed office or			n the State of Florid				
SIGNATURE												
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contrib 10. OFFICERS AND DIRECTORS							\$5.00 May Be Added to Fees	Florida	Check Pa Departme	nt of St	ate	
TITLE	PD	OFFICERS AND	Delate	11.			DDITIONS/CHANG	SES TO OFFICERS		CHS IN 1 Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	516 BELLA	N, CHARLES B AMY DR LLO FL 32344	A 35000	NAM STRE		Gei 480	sident er, Willi Bellamy	Drive		onarije.	X	
TITLE	SD	CYNTHIA S II	🗴 Delate	TITL	1		ticello,		+4	Change	IX Addition	
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TITLE	TD PORERT I	DONAVAN I	Delete	TITE MAM	J	Mon	ticello,	FI: 3234	d:64	Change	Addition X	
STREET ADDRESS 145 BEL				STR	eet address (-St-Zip	Joh	retary/Ti	kie	<u>.</u>			
TITLE NAME			☐ Daleta	TITL NAV	1	Mon	Bellamy ticello,	Drive FL 32344		Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					AL EET ADDRESS (-ST-ZiP							
indicated of the co	d on this report proporation or	ort or supplemental rep the receiver or trustee	d with this filing does not qualify out is true and accurate and that empowered to execute this rep idress, with all other like empowe	my signa ort as req	ature shall h	ave the	same legal effect a	s if made under oa	ath; that I am a	n officer o	or director	

William A. Geier

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