**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009158

**FILED**
**Feb 27, 2023**
**Secretary of State**
**8495526991CC**

**Entity Name:** BELLA MARE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

129 11TH AVE NORTH
UNIT D
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

PO BOX 50854
JACKSONVILLE BEACH, FL 32240 US

**FEI Number: 80-0398601**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, IRENE
129 11TH AVE NORTH
UNIT D
JACKSONVILLE BEACH, FL 32250 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: IRENE GRANT 02/27/2023

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT, SECRETARY, TREASURER | Title | DIRECTOR |
| Name | GRANT, IRENE | Name | LIMANTI, JOHN |
| Address | PO BOX 50854 | Address | 129 11TH AVE NORTH UNIT B |
| City-State-Zip: | JACKSONVILLE BEACH FL 32240 | City-State-Zip: | JACKSONVILLE BEACH FL 32250 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | LAMB, CHRISTOPHER | Name | PEREZ-GRANT, THAAD |
| Address | 129 11TH AVE NORTH UNIT A | Address | PO BOX 50854 |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 | City-State-Zip: | JACKSONVILLE BEACH FL 32240 |

I *hereby 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 all other like empowered.*

SIGNATURE: IRENE D GRANT PRES/SEC/TREAS 02/27/2023

Electronic Signature of Signing Officer/Director Detail — Date