

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009158

**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

03/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY,  
                      TREASURER  
Name            GRANT, IRENE  
Address        PO BOX 50854  
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title            DIRECTOR  
Name            LIMANTI, JOHN  
Address        129 11TH AVE NORTH  
                      UNIT B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            DIRECTOR  
Name            LAMB, CHRISTOPHER  
Address        129 11TH AVE NORTH  
                      UNIT A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            DIRECTOR  
Name            PEREZ-GRANT, THAAD  
Address        PO BOX 50854  
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 GRANT

PRESIDENT/SEC/TREAS

03/17/2024

Electronic Signature of Signing Officer/Director Detail

Date