

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007583

FILED
Mar 09, 2006
Secretary of State

Entity Name: BELLA VISTA AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 75-3083548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 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: TD () Delete
Name: SEIDEN, MELVIN
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

Title: VPD () Delete
Name: MORTON, MICHAEL
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

Title: PD () Delete
Name: MORTON, KEVIN
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLORAN, FRANKY
Address: 5033 SWEET CEDAR CIR
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change () Addition
Name: MEDAN, DAU'WD
Address: 4962 SWEET CEDAR CIR
City-St-Zip: ORLANDO, FL 32829

Title: SD (X) Change () Addition
Name: NICKERSON, MATTHEW
Address: 4906 SWEET CEDAR CIR
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKY FLORAN

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date