

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007583

FILED  
Apr 08, 2008  
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:**

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**FEI Number:** 75-3083548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

PROPERTY FIRST  
221 WALTON HEATH DRIVE  
ORLANDO, FL 32828 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: BETH PALMER

04/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FLORAN, EFRAIN  
Address: 5033 SWEET CEDAR CIR  
City-St-Zip: ORLANDO, FL 32829

Title: VPD ( ) Delete  
Name: ROASRIO, JONATHAN  
Address: 8820 VENEZIA PLANTATION DR  
City-St-Zip: ORLANDO, FL 32829

Title: STD ( ) Delete  
Name: MARRERO, DEBORAH  
Address: 9139 TIVOLI CHASE DR  
City-St-Zip: ORLANDO, FL 32829

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date