

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 25, 2007
Secretary of State

DOCUMENT# N05000011252

Entity Name: BELLAVIDA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809**New Principal Place of Business:****Current Mailing Address:**8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809**New Mailing Address:****FEI Number:** 20-4312895**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUPTA, SURESH
5200 VINELAND RD
STE 200
ORLANDO, FL 32811 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: D () Delete
Name: CAVARETTA, CHARLES F
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: DILGER, GARY
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GUPTA, VISHAAL S
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAVARETTA, CHARLES F
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

Title: DVP (X) Change () Addition
Name: GUPTA, VISHAAL
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

Title: DS (X) Change () Addition
Name: BHATIA, DAVESH
Address: 5200 VINELAND RD - STE 200
City-St-Zip: ORLANDO, FL 32811

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: CHARLES F CAVARETTA

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07/25/2007

Electronic Signature of Signing Officer or Director

Date