

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 22, 2008  
Secretary of State**

DOCUMENT# N05000011252

**Entity Name:** BELLAVIDA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822**New Principal Place of Business:****Current Mailing Address:**5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822**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:** DP ( ) Delete  
**Name:** CAVARETTA, CHARLES F  
**Address:** 5200 VINELAND RD, SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**Title:** DVP ( ) Delete  
**Name:** GUPTA, VISHAAL  
**Address:** 5200 VINELAND RD, SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**Title:** DS ( ) Delete  
**Name:** CROCKER, TED J  
**Address:** 5200 VINELAND RD, SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DS (X) Change ( ) Addition  
**Name:** GOYAL, MONIKA  
**Address:** 5200 VINELAND RD, SUITE 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

DP

07/22/2008

Electronic Signature of Signing Officer or Director

Date