

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 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:** DVP () Delete
Name: GUPTA, VISHAAL
Address: 5200 VINELAND RD, SUITE 200
City-St-Zip: ORLANDO, FL 32811**Title:** DS () Delete
Name: GOYAL, MONIKA
Address: 5200 VINELAND RD, SUITE 200
City-St-Zip: ORLANDO, FL 32811**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: FURUKAWA, MICHAEL
Address: 5200 VINELAND RD, SUITE 200
City-St-Zip: ORLANDO, FL 32811**Title:** DVP (X) Change () Addition
Name: GUPTA, VISHAAL
Address: 5200 VINELAND RD, SUITE 200
City-St-Zip: ORLANDO, FL 32811**Title:** DST () Change (X) Addition
Name: GOYAL, MONIKA
Address: 5200 VINELAND ROAD, 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: MICHAEL FURUKAWA

PRES

10/22/2008

Electronic Signature of Signing Officer or Director

Date