

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003980

FILED
May 02, 2007
Secretary of State

Entity Name: BELLA VIDA AT TIMBER SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

237 WESTMONTE DRIVE STE 111
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

Current Mailing Address:

237 WESTMONTE DRIVE STE 111
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

FEI Number: 20-5167473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVE
ORLANDO, FL 328096711 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: BENNETT, DANA A
Address: 237 WESTMONTE DRIVE STE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: WILLS, ERIC K
Address: 237 WESTMONTE DRIVE STE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CALHOUN, ANDON
Address: 237 WESTMONTE DRIVE STE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENNETT, DANA A
Address: 300 COLONIAL CENTER PKWY, SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: WILLS, ERIC K
Address: 300 COLONIAL CENTER PKWY, SUITE 200
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: CALHOUN, ANDON
Address: 300 COLONIAL CENTER PKWY, SUITE 200
City-St-Zip: LAKE MARY, FL 32746

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: ERIC WILLS

D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date