

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003980

FILED  
May 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**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.  
5955 T.G. LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

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

RIZZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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: WILLIAM J. RIZZETTA

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEWIS, JAY C  
Address: 300 COLONIAL CENTER PKWY, SUITE 200  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: ANDERSON, KATHERINE  
Address: 300 COLONIAL CENTER PKWY, SUITE 200  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: CAMPBELL, JUSTIN  
Address: 300 COLONIAL CENTER PKWY, SUITE 200  
City-St-Zip: LAKE MARY, FL 32746

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

Title: P (X) Change ( ) Addition  
Name: THOMPSON, LEE R  
Address: 5401 SOUTH KIRKMAN ROAD, SUITE 450  
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change ( ) Addition  
Name: MCCOOK, CECE  
Address: 5401 SOUTH KIRKMAN ROAD, SUITE 450  
City-St-Zip: ORLANDO, FL 32819

Title: ST (X) Change ( ) Addition  
Name: CAMPBELL, JUSTIN  
Address: 5401 SOUTH KIRKMAN ROAD, SUITE 450  
City-St-Zip: ORLANDO, FL 32819

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: LEE R. THOMPSON

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date