

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 01, 2010**  
**Secretary of State**

DOCUMENT# N02000007583

**Entity Name:** BELLA VISTA AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**221 WALTON HEATH DRIVE  
ORLANDO, FL 32828**New Principal Place of Business:**225 S WESTMONTE DR  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**221 WALTON HEATH DRIVE  
ORLANDO, FL 32828**New Mailing Address:**PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 75-3083548**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S WESTMONTE DR  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

10/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: TWEED, CHARLOTTE  
Address: 4994 SWEET CEDAR CIR  
City-St-Zip: ORLANDO, FL 32829

Title: VPD  
Name: POHL, CAROL ANN  
Address: 4954 SWEET CEDAR  
City-St-Zip: ORLANDO, FL 32829

Title: PD  
Name: NEUSAENGER, MELINDA  
Address: 9001 VENEZIA PLANTATION  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: MELINDA NEWSAENGER

PD

10/01/2010

Electronic Signature of Signing Officer or Director

Date