

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 015 ****61.25

DOCUMENT # N02000007583

1. Entity Name

BELLA VISTA AT TIVOLI WOODS HOMEOWNERS ASSOC.



10090236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2180 W SR 434

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US

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4. FEE Number

75-3083548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, without the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Martin J. Abel c/o Morton Group
15340 Jog Road, Suite 200
Delray Beach, Florida 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Melvin B. Seiden c/o Morton Group
15340 Jog Road, Suite 200
Delray Beach, Florida 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Michael Morton c/o Morton Group
15340 Jog Road, Suite 200
Delray Beach, Florida 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J. Scott Banta c/o Morton Group
15340 Jog Road, Suite 200
Delray Beach, Florida 33446

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

Daytime Phone #

407-947-9722

CR2E037B (12/02)