

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 755028

**Entity Name:** BELLA VISTA HOMEOWNERS ASSOCIATION INC.

**FILED**  
**Mar 08, 2017**  
**Secretary of State**  
**CC1824498274**

**Current Principal Place of Business:**

1127 SEMINOLE EAST  
35A  
JUPITER, FL 33477

**Current Mailing Address:**

11621 KEW GARDENS AVE  
SUITE 200  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 59-2155592**

**Certificate of Status Desired: No**

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

JOSEPH KUHARCIK ATTORNEY AT LAW  
1211 PLAZA CIR  
SINGER ISLAND, FL 33404 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: JOSEPH KUHARCIK**

**03/08/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            SPEARS, TYLER  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            PRESIDENT/MAINTENANCE  
Name            MOORE, CHERIE  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECURITY / RULES  
Name            MILLER , MAUREEN  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP  
Name            GUARINO, ROSEMARIE  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY  
Name            DEBORAH, KATTAR  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: CHERIE MOORE**

**PRESIDENT**

**03/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date