# 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: CHARLOTTE TWEED SECRETARY 04/18/2016

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N02000007583

Entity Name: BELLA VISTA AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.

#### **Current Principal Place of Business:**

225 S WESTMONTE DR STE #3310 ALTAMONTE SPRINGS, FL 32714

### **Current Mailing Address:**

PO BOX 162147 ALTAMONTE SPRINGS, FL 32716 US

## FEI Number: 75-3083548

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR #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:

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	TREASURER, SECRETARY	Title	PRESIDENT
Name	TWEED, CHARLOTTE	Name	PETRIE, MATTHEW
Address	PO BOX 162147	Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716	City-State-Zip:	ALTAMONTE SPRINGS FL 32716

# FILED Apr 18, 2016 Secretary of State CC4361836622

Certificate of Status Desired: No

Date

Date