

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007583

**Entity Name:** BELLA VISTA AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**323 CIRCLE DRIVE  
MAITLAND, FL 32751**Current Mailing Address:**323 CIRCLE DRIVE  
MAITLAND, FL 32751 US**FEI Number: 75-3083548****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT  
323 CIRCLE DRIVE  
MAITLAND, FL 32751 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TWEED, CHARLOTTE
Address	323 CIRCLE DRIVE
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	POHL, CAROL ANN
Address	323 CIRCLE DRIVE
City-State-Zip:	MAITLAND FL 32751

Title	TREASURER
Name	POHL, CAROL ANN
Address	323 CIRCLE DRIVE
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	JONATHAN, ROSARIO R
Address	323 CIRCLE DRIVE
City-State-Zip:	MAITLAND FL 32751

*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****PRESIDENT****03/31/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date