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: CAROL ANN POHL PRESIDENT 04/23/2018

Electronic Signature of Signing Officer/Director Detail

2018 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	POHL, CAROL ANN
Address	PO BOX 162147	Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716	City-State-Zip:	ALTAMONTE SPRINGS FL 32716

FILED Apr 23, 2018 Secretary of State CC2316231964

Certificate of Status Desired: No

Date

Date