	ncipal Place of Business: NDS PARKWAY R, FL 34685		GC12482	203919
Current Mai	ling Address:			
	LANDS PARKWAY 30R, FL 34685 US			
FEI Number: 20-3563769		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
	UREEN NDS PARKWAY R, FL 34685 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	: MAUREEN REARDON			03/22/2018
SIGNATURE	Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			03/22/2018
	Electronic Signature of Registered Agent	Title	VP	03/22/2018
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP KLATT, DEBORAH	03/22/2018
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			03/22/2018
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT ROSE, MANUEL 4151 WOODLANDS PARKWAY	Name Address	KLATT, DEBORAH	03/22/2018
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT ROSE, MANUEL 4151 WOODLANDS PARKWAY	Name Address	KLATT, DEBORAH 4151 WOODLANDS PARKWAY	03/22/2018
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT ROSE, MANUEL 4151 WOODLANDS PARKWAY PALM HARBOR FL 34685	Name Address	KLATT, DEBORAH 4151 WOODLANDS PARKWAY	03/22/2018
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT ROSE, MANUEL 4151 WOODLANDS PARKWAY PALM HARBOR FL 34685 S/T	Name Address	KLATT, DEBORAH 4151 WOODLANDS PARKWAY	03/22/2018

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: MANUEL ROSE

PRESIDENT

03/22/2018

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400000074

Entity Name: BELLE AQUA VILLAS II HOMEOWNERS ASSOCIATION, INC.

FILED Mar 22, 2018 Secretary of State CC1248283919

Date