2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000008202

Entity Name: BELLA VILLINO V CONDOMINIUM ASSOCIATION, INC.

FILED Sep 20, 2018 Secretary of State CC5972589411

Current Principal Place of Business:

ADVANCED MANAGEMENT 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202

Current Mailing Address:

ADVANCED MANAGEMENT 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 US

FEI Number: 20-3286915 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT ADVANCED MANAGEMENT 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 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: DOUGLAS WILSON 09/20/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PD Title VPD

Name BYRON, NANCY Name DWIGHT, JODY

Address ADVANCED MANAGEMENT Address ADVANCED MANAGEMENT

9031 TOWN CENTER PARKWAY 9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202 City-State-Zip: BRADENTON FL 34202

Title T Title AST

Name FABER, BRIAN Name SUTTON, WILLIAM

Address ADVANCED MANAGEMENT Address ADVANCED MANAGEMENT

9031 TOWN CENTER PARKWAY 9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202 City-State-Zip: BRADENTON FL 34202

Title S Title ASST. SECRETARY

Name CONNOR, RICHARD Name DEFEO, MICHAEL

Address ADVANCED MANAGEMENT Address ADVANCED MANAGEMENT

ADVANCED MANAGEMENT
9031 TOWN CENTER PARKWAY
Address
ADVANCED MANAGEMENT
9031 TOWN CENTER PARKWAY
9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202 City-State-Zip: BRADENTON FL 34202

Title ASST. SECRETARY
Name WILSON, DOUGLAS

Address ADVANCED MANAGEMENT

9031 TOWN CENTER PARKWAY

City-State-Zip: BRADENTON FL 34202

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: DOUGLAS WILSON ASST. SECRETARY 09/20/2018

Date