

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003980

Entity Name: BELLA VIDA AT TIMBER SPRINGS HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 25, 2017
Secretary of State
CC8306139804**Current Principal Place of Business:**8529 SOUTH PARK CIRCLE
SUITE 330
ORLANDO, FL 32819**Current Mailing Address:**8529 SOUTH PARK CIRCLE
SUITE 330
ORLANDO, FL 32819 US**FEI Number: 20-5167473****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RIZZETTA & COMPANY, INC.
8529 SOUTH PARK CIRCLE
SUITE 330
ORLANDO, FL 32819 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 DIRECTOR, PRESIDENT
Name SIMMS, BRIAN
Address 8529 SOUTH PARK CIRCLE, SUITE 330
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name DAWSON, KYLE
Address 8529 SOUTH PARK CIRCLE, SUITE 330
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, SECRETARY
Name ORTEGA, CONRAD
Address 8529 SOUTH PARK CIRCLE, SUITE 330
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, TREASURER
Name SEELAM, MURALIDHAR
Address 8529 SOUTH PARK CIRCLE, SUITE 330
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, VP
Name TAYLOR, DESMOND
Address 8529 SOUTH PARK CIRCLE, SUITE 330
City-State-Zip: ORLANDO FL 32819

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: BRIAN SIMMS**PRESIDENT****04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date