

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009963

Entity Name: BELLA VISTA MASTER ASSOCIATION, INC.**Current Principal Place of Business:**3559 NW 29 COURT
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**3559 NW 29 COURT
LAUDERDALE LAKES, FL 33311 US**FEI Number:** 20-5585598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRALEY | OTTO
2699 STIRLING ROAD
SUITE C-207
FORT LAUDERDALE, FL 33312 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:** STRALEY & OTTO

04/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | TREASURER, SECRETARY |
| Name | DENEUS, MIRALDA |
| Address | 3559 NW 29 COURT |
| City-State-Zip: | LAUDERDALE LAKES FL 33311 |

| | |
|-----------------|---------------------------|
| Title | OFFICER |
| Name | SHECHTMAN, JONATHAN |
| Address | 3559 NW 29 COURT |
| City-State-Zip: | LAUDERDALE LAKES FL 33311 |

| | |
|-----------------|---------------------------|
| Title | PRESIDENT |
| Name | MOODY, DAREN |
| Address | 3559 NW 29 COURT |
| City-State-Zip: | LAUDERDALE LAKES FL 33311 |

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: DAREN MOODY

PRESIDENT

04/15/2023

Electronic Signature of Signing Officer/Director Detail

Date