

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20819

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC4456303689**

**Entity Name:** LA VIDA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 65-0018744

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS INC  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 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 D  
Name REIT, ANN MARIE  
Address 6175 LA VIDA TERRACE  
City-State-Zip: BOCA RATON FL 33432

Title STD  
Name HYMANS, JOHN  
Address 23363 LA VIDA WAY  
City-State-Zip: BOCA RATON FL 33432

Title PD  
Name TEIXEIRA, CAROL  
Address 23283 LA VIDA WAY  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name RUBIN, DANNY  
Address 6184 LA VIDA TERRACE  
City-State-Zip: BOCA RATON FL 33432

*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 TEIXEIRA

**PRES**

**02/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date