

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N20819

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

**FILED**  
**Sep 18, 2023**  
**Secretary of State**  
**0532362082CC**

**Current Principal Place of Business:**

C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

C/O REALMANAGE  
PO BOX 803555  
DALLAS, TX 75380 US

**FEI Number: 65-0018744**

**Certificate of Status Desired: No**

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

STEVENS & GOLDWYN, PA  
2 S UNIVERSITY DR #329  
PLANTATION, FL 33324 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: JOHN W. STEVENS III, ESQUIRE**

**09/18/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HERRERA, FERNANDA  
Address        C/O REALMANAGE  
                  11784 WEST SAMPLE ROAD SUITE  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title           PRESIDENT  
Name           WALKER, LISA  
Address        C/O REALMANAGE  
                  11784 WEST SAMPLE ROAD SUITE  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title           SECRETARY  
Name           GARCIA, NELSON  
Address        C/O REALMANAGE  
                  11784 WEST SAMPLE ROAD SUITE  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title           VP  
Name           KAMINSTEIN, SETH  
Address        C/O REALMANAGE  
                  11784 WEST SAMPLE ROAD SUITE  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

Title           DIRECTOR  
Name           KENT, TYLER  
Address        C/O REALMANAGE  
                  11784 WEST SAMPLE ROAD SUITE  
                  103  
City-State-Zip: CORAL SPRINGS FL 33065

*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: LISA WALKER**

**PRESIDENT**

**09/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date