

**2013 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001478

**Entity Name:** BELLA VISTA ASSOCIATION, INC.**FILED**  
**Mar 13, 2013**  
**Secretary of State****Current Principal Place of Business:**4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624**Current Mailing Address:**4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624**FEI Number: 14-1873806****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HELBIG, DENISE R  
4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624 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 Detail :**

Title	T
Name	BECK, PATRICK
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	P
Name	HASTINGS, JEFF
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	VP
Name	VAN NAME, ROBERT
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	D
Name	MOHR, KIM
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

*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: JEFF HASTINGS****PRESIDENT****03/13/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date