

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723466 (9)
 1. Corporation Name
BONA VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2901 SIMMS STREET HOLLYWOOD FL 33020	Mailing Address 2901 SIMMS STREET HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified 05/22/1972	3a. Date of Last Report 02/03/1995
4. FEI Number 13-2753711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DEVELOPMENT CONSULTANTS INC.
 2901 SIMMS STREET
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required if not certifying) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZARUS, LESTER	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HYMAN, BRODSKY	
STREET ADDRESS	3375 N COUNTRY CLUB DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREENE, LEW	
STREET ADDRESS	3375 N COUNTRY CLUB DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MUTTERPEARL, LEO	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAIDA, ARTHUR	
STREET ADDRESS	3375 N COUNTRY CLUB DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARKS, MONTE G.	
STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEVY, ESTELLE
4.3 STREET ADDRESS	3375 N. COUNTRY CLUB DRIVE
4.4 CITY - ST - ZIP	MIAMI, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Monte G. Marks* **V.P.** 8-29-96 952-3514
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

RECEIVED FEB 23 1996

CR2E037 (12/95)