

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751968 (9)
 1. Corporation Name
BELLEVUE GULF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business INC. 18399 GULF BLVD. INDIAN SHORES FL 34635	Mailing Address INC. 18399 GULF BLVD. INDIAN SHORES FL 34635
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3. Date Incorporated or Qualified 04/11/1980	3a. Date of Last Report 07/20/1995
4. FEI Number 59-2089698	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	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WANAMAKER SUSAN 909 WOODLAWN AVE PLANT CITY FL 33566		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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 when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANAMAKER, SUSAN	1.2 NAME	WANAMAKER, SUSAN
STREET ADDRESS	909 WOODLAWN AVE	1.3 STREET ADDRESS	909 WOODLAWN AVE
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, Fla.
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, VIRGINIA	2.2 NAME	Dr. Peter Parado
STREET ADDRESS	1802 N. BURTON STREET	2.3 STREET ADDRESS	211 S Cooper Pl.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Tampa, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSSIER, GEORGE	3.2 NAME	Roy Gallinar
STREET ADDRESS	2710 SHADY ACRES DR.	3.3 STREET ADDRESS	2006 W. 51th
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	Tampa, Fla
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, FRANK	4.2 NAME	Perez, Frank
STREET ADDRESS	3407 AILEEN ST.	4.3 STREET ADDRESS	3407 Aileen St.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFUENTE, RUSSELL	5.2 NAME	Arnold Wermter
STREET ADDRESS	4809 RIVER SHORE DRIVE	5.3 STREET ADDRESS	1561 Belrose Dr
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Clw., Fla.
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAO, TONY	6.2 NAME	Lussier, George
STREET ADDRESS	803 WEST STREET	6.3 STREET ADDRESS	2710 Shady Acres Dr
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Mulberry, Fla.

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: Roy Gallinar 6/11/96 813 9335136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)