

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755027 (0)
1. Corporation Name

BELLA VISTA COMMUNITY FACILITIES, INC.



Principal Place of Business Mailing Address
1127 SEMINOLE E. 35-A JUPITER FL 33477

3. Date Incorporated or Qualified 11/06/1980
3a. Date of Last Report 04/26/1995
4. FEI Number 35-1109992 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 29 Zip 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent
MURPHY, NEIL J
1127 SEMINOLE EAST 35A
JUPITER FL 33477

10. Name and Address of New Registered Agent
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 617.0303, Florida Statutes.

SIGNATURE *Neil Murphy* DATE 4-2-96
Signature, typed or printed name of registered agent and title, applicable NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WUHRMAN, JERALD L.	
STREET ADDRESS	154 COMMODORE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, NEIL J	
STREET ADDRESS	1127 SEMINOLE E. 25B	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WUHRMAN, TERRENCE L.	
STREET ADDRESS	440 BELLA VISTA COURT NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DIANE	
STREET ADDRESS	1127 SEMINOLE EAST 6-C	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR / VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DIRECTOR / VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TOY DUNCAN	
33 STREET ADDRESS	1127 SEMINOLE E 5-C	
34 CITY-ST-ZIP	JUPITER, FL 33477	
41 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PICK, MICHAEL	
43 STREET ADDRESS	1127 SEMINOLE EAST 14-A	
44 CITY-ST-ZIP	JUPITER, FL 33477	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Neil Murphy* DATE 4-2-96 Daytime Phone # 407-746-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)