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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
1127 SEMINOLE E. 35-A JUPITER FL 33477-5545

3. Date Incorporated or Qualified 11/06/1980
3a. Date of Last Report 04/17/1996

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

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

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 V. Michael Pick
82. Street Address (P.O. Box Number If Not Acceptable) 1127 Seminole East, #35A
83.
84. City Jupiter FL 85. Zip Code 33477

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: Michael Pick, V. Michael Pick, President 3/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WUHRMAN, JERALD L.	
STREET ADDRESS	154 COMMODORE DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, NEIL J	
STREET ADDRESS	1127 SEMINOLE E. 25B	
CITY-ST-ZIP	JUPITER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DUNCAN, TOY	
STREET ADDRESS	1127 SEMINOLE E S-C	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PICK, MICHAEL	
STREET ADDRESS	1127 SEMINOLE EAST 14-A	
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

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lombert, Wayne	
1.3 STREET ADDRESS	360 Bella Vista Ct. N.	
1.4 CITY-ST-ZIP	Jupiter FL 33477	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marta Doerseln	
2.3 STREET ADDRESS	1127 Seminole E., #16-B	
2.4 CITY-ST-ZIP	Jupiter, FL 33477	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Duncan, Tom	
3.3 STREET ADDRESS	1127 Seminole E., #5-C	
3.4 CITY-ST-ZIP	Jupiter, FL 33477	
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pick, V. Michael	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33477	
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		<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Pick, V. Michael Pick, President 3/28/97 561-747-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0044526

CR2E037 (9/96)