

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 755028 (8)
1. Corporation Name
BELLA VISTA HOMEOWNERS ASSOCIATION INC.

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1980 3a. Date of Last Report 04/26/1994
4. FBI Number 59-2155592 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CROOKS, MARY
1127 SEMINOLE EAST 35-A
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name **NEIL J MURPHY**
82 Street Address (P.O. Box Number is Not Acceptable) **1127 SEMINOLE EAST 35A**
83
84 City **JUPITER** FL 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE *Neil J Murphy* **NEIL J MURPHY** PRESIDENT DATE **7-1-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROOKS, MARY
STREET ADDRESS	1127 SEMINOLE EAST 17-D
CITY- ST- ZIP	JUPITER FL 33477
TITLE	TD
NAME	MURPHY, NEIL J.
STREET ADDRESS	1127 SEMINOLE E 15-B
CITY- ST- ZIP	JUPITER FL
TITLE	SD
NAME	MURDOCK, H. JOYCE
STREET ADDRESS	1127 SEMINOLE EAST 8-C
CITY- ST- ZIP	JUPITER FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEIL J MURPHY
2.3 STREET ADDRESS	1127 SEMINOLE E 25B
2.4 CITY- ST- ZIP	JUPITER, FL 33477
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIANE WILLIAMS
4.3 STREET ADDRESS	1127 SEMINOLE EAST 6-C
4.4 CITY- ST- ZIP	JUPITER, FL 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, changed, or on an attachment with an address.

SIGNATURE: *Neil J Murphy* **NEIL J MURPHY** DATE: **7-1-95** 407-743-1634