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Apr 02 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 # 755028 (8)
1. Corporation Name

BELLA VISTA HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address
1127 SEMINOLE E 35-A 1127 SEMINOLE E 35-A
JUPITER FL 33477 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		4. FEI Number		Applied For	
21		26		59-2155592		Not Applicable	
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

NEIL J MURPHY
1127 SEMINOLE EAST, 35-A
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name	V. Michael Pick
82 Street Address (P.O. Box Number is Not Acceptable)	1127 Seminole East, 35-A
83	
84 City	Jupiter
85 Zip Code	FL 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 DATE 3/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D, VP
NAME	NEIL J MURPHY	1.2 NAME	Thomas Duncon
STREET ADDRESS	1127 SEMINOLE EAST, #25-B	1.3 STREET ADDRESS	1127 Seminole East, #5-C
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	TD	2.1 TITLE	D, P
NAME	MICHAEL PICK	2.2 NAME	
STREET ADDRESS	1127 SEMINOLE EAST, #14-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	33477
TITLE	SD	3.1 TITLE	D, S
NAME	MURDOCK, H. JOYCE	3.2 NAME	Bonnie Underwood
STREET ADDRESS	1127 SEMINOLE EAST 8-C	3.3 STREET ADDRESS	1127 Seminole East, #1-A
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		4.1 TITLE	D, P
NAME		4.2 NAME	Marta Doerseln
STREET ADDRESS		4.3 STREET ADDRESS	1127 Seminole East, #16-B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		5.1 TITLE	D
NAME		5.2 NAME	John Chilleme
STREET ADDRESS		5.3 STREET ADDRESS	1127 Seminole East, #27-D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: M. SIGNATURE

CR2E037 (9/96)