


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755028 (8)

1. Corporation Name
BELLA VISTA HOMEOWNERS ASSOCIATION INC.



Principal Place of Business 1127 SEMINOLE E 35-A JUPITER FL 33477	Mailing Address 1127 SEMINOLE E 35-A JUPITER FL 33477
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3. Date Incorporated or Qualified
11/06/1980

4. FEI Number
59-2155592

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**PICK, V M
 1127 SEMINOLE EAST
 35-A
 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 617.0503, 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 DVP	DUNCAN, THOMAS <input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUNCAN, THOMAS		1.2 NAME MILLER, MAUREEN	
STREET ADDRESS 1127 SEMINOLE EAST, #5-C		1.3 STREET ADDRESS 1127 SEMINOLE EAST, #34-D	
CITY-ST-ZIP JUPITER FL		1.4 CITY-ST-ZIP JUPITER FL 33477	
TITLE DP	MICHAEL PICK <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE DS	UNDERWOOD, BONNIE <input type="checkbox"/> DELETE	3.1 TITLE DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNDERWOOD, BONNIE		3.2 NAME	
STREET ADDRESS 1127 SEMINOLE EAST, 1-A		3.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		3.4 CITY-ST-ZIP	
TITLE DT	DOERSELN, MARTA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOERSELN, MARTA		4.2 NAME	
STREET ADDRESS 1127 SEMINOLE EAST, #16-B		4.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		4.4 CITY-ST-ZIP	
TITLE D	CHILLEME, JOHN <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHILLEME, JOHN		5.2 NAME	
STREET ADDRESS 1127 SEMINOLE EAST, #27-D		5.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MILLER, MAUREEN	
1.3 STREET ADDRESS 1127 SEMINOLE EAST, #34-D	
1.4 CITY-ST-ZIP JUPITER FL 33477	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DVST	<input checked="" 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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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* *5/29/98* *561-747-5734*

CR2E037 (10/97)