

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **767384** (1)

1. Corporation Name

BAY BELLA VISTA ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 7 AM 10:46

Principal Place of Business	Mailing Address
5201 GULF DR HOLMES BCH FL 34217 US	5201 GULF DR HOLMES BCH FL 34217 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/09/1983	04/27/1994
4. FEI Number	Applied For
65-0005995	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
	<input type="checkbox"/>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVID VANCE VREDE
5201 GULF DR
HOLMES BCH FL 34217

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstatutory)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ZIGNEGO, ANTHONY
STREET ADDRESS	1 MACLYNNE RD.
CITY - ST - ZIP	EXCELSIOR MN 55331
TITLE	DST
NAME	HAMPTON, RICHARD A.
STREET ADDRESS	244 SO HARBOR DR 4
CITY - ST - ZIP	HOLMES BCH, FL 00000
TITLE	D
NAME	FRIEDMAN, MORTON
STREET ADDRESS	6907 PEBBLE CREEK WOOD DR
CITY - ST - ZIP	WEST BLOOMFIELD MI
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
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 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 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)(b), 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: Richard A. Hampton 3/27/95 813-778-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)