


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08889** (0)
1. Corporation Name
BELLA VISTA TERRACE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
160 ISLE OF VENICE
FT LAUDERDALE FL 33301-1459



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/16/1985		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-6058535		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MC V INC-OFFICE 2555 N.E. 11TH ST FT LAUDERDALE FL 33304				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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	TS	1.1 TITLE	FD
NAME	ELLEN, VENIOS	1.2 NAME	
STREET ADDRESS	160 ISLE OF VENICE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	VD
NAME	HARDAWAY, THOMAS	2.2 NAME	
STREET ADDRESS	160 ISLE OF VENICE #8	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FRITSCH, ART	3.2 NAME	
STREET ADDRESS	8317 N CREEK RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	PD
NAME	KNEZICH, GREGG	4.2 NAME	
STREET ADDRESS	6 MADISON	4.3 STREET ADDRESS	
CITY - ST - ZIP	MT LAUREL NJ	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	SD
NAME	BANKS, ROBERT	5.2 NAME	
STREET ADDRESS	160 ISLE OF VENICE #8	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	
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, or on an attachment with an address.

SIGNATURE:  4-21-97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035369

CR2E037 (9/96)