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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 727381

(6)

BELLO VISTA TOWNHOUSE ASSOCIATION, INC.

Sulte Apt 8, etc. Sulte Apt 8, etc. Sulte	Principal Place	of Business	Mailing Address							
2. Principal Place of Blumriess	GULF BREEZ		3249 FERNWOOD STI GULF BREEZE FL 325							
28. Moving Address Selection Selection	00		US							
Suite. Apt #, etc Suite. App #, etc Suite. Apt #, etc Suite. App #, etc Suite.		lace of Business				4. FEI Number		Applied For		
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I standard with an advanced the objections of Section 17.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I standard with a province printed rame of registered agent. I standard with a province printed rame of registered agent. I standard with a province printed rame of registered agent. I standard with a province printed rame of registered agent. I standard agent and tief anyth-adoc printed rame of registered agent. I standard agent and tief anyth-adoc printed rame of registered agent. I standard agent agent. I standard agent. I standar					Street Add	ress (P.O. Box Number is Not Acceptab	·le)			
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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 119.07(3)(k). Florida Statutes. I furth	Ī									
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 nan appears in Block 12 or Block 13 if changed, or on an attachment with an address.	14. I do hereb certify that path; that	I am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ial report or supplemental ani ration or the receiver or trusto on an attachment with an add	nished and do	es not qualify f	ite and that my signature shall have the is report as required by Chapter 617, Flo	same legal effect orida Statutes; ar			

SIGNATURE:

Floring M. Cinflison
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 1996 904-932-545