


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727381 (6)**

1. Corporation Name  
**BELLO VISTA TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business <b>3249 FERNWOOD STREET GULF BREEZE FL 32561 US</b>	Mailing Address <b>3249 FERNWOOD STREET GULF BREEZE FL 32561 US</b>
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3. Date Incorporated or Qualified <b>09/07/1973</b>	
4. FEI Number <b>59-1583589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>27</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**EMPSON, FLEMING M  
3241 FERNWOOD ST.  
GULF BREEZE FL 32561**

**10. Name and Address of New Registered Agent**

**81 Name** *LW Anne S.T. Barrett*  
**82 Street Address (P.O. Box Number is Not Acceptable)** *5 Calle Traviesa*  
**83 City** *Pensacola Beach*  
**84 City** *FL* **85 Zip Code** *32561*

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 *LW Anne S.T. Barrett* DATE *06-26-98*

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EMPSON, FLEMING M</b>	
STREET ADDRESS	<b>3241 FERNWOOD STREET</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SPEAR, BERYLE</b>	
STREET ADDRESS	<b>3247 FERNWOOD STREET</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOURTZ, BE BE</b>	
STREET ADDRESS	<b>4725 HOWE AVE.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCOTT, JOYCE</b>	
STREET ADDRESS	<b>3249 FERNWOOD ST.</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LUANNE BARRETT</b>	
1.3 STREET ADDRESS	<b>5 CALLE TRAVIESA</b>	
1.4 CITY-ST-ZIP	<b>PENSACOLA BCH FL 32561</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BERYLE SPEAR</b>	
2.3 STREET ADDRESS	<b>3247 FERNWOOD ST</b>	
2.4 CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JANEL COOK</b>	
3.3 STREET ADDRESS	<b>3251 FERNWOOD ST</b>	
3.4 CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
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 *LW Anne S.T. Barrett* DATE *06-26-98* *850/834-8953*

CR2E037 (10/97)