

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08889** (0)
1. Corporation Name
BELLA VISTA TERRACE CONDOMINIUM ASSOCIATION, INC



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

3. Date Incorporated or Qualified: **04/16/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6058535**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**FERRIS, ROBERT E
540 NE 4TH STREET
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
81 Name: **McV INC. - OFFICE**
82 Street Address (P.O. Box Number is Not Acceptable): **2655 N.E. 117A ST**
83 **FT. LAUDERDALE**
84 City: **FL** 85 Zip Code: **33224**

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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **5-6-96**

12. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> DELETE
NAME	ELLEN, VENIOS	
STREET ADDRESS	160 ISLE OF VENICE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARDAWAY, THOMAS	
STREET ADDRESS	160 ISLE OF VENICE #8	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRITSCH, ART	
STREET ADDRESS	8317 N CREEK RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNEZICH, GREGG	
STREET ADDRESS	6 MADISON	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT	
STREET ADDRESS	160 ISLE OF VENICE #6	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	VS <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800001847778
63 STREET ADDRESS	-06/03/96--01034--022
64 CITY-ST-ZIP	***61.25

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 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: *[Signature]* DATE: **4/12/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT BANKS** DAYTIME PHONE # **05 511196**

CR2E037 (12/95)