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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90097 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N08889 1. Corporation Name BELLA VISTA TERRACE CONDOMINIUM ASSOCIATION, INC		
Principal Place of Business 160 ISLE OF VENICE FT LAUDERDALE FL 33301-1459	Mailing Address 2555 NE 11TH ST OFFICE FT LAUDERDALE FL 33304 US	

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21	2. Principal Place of Business see	2a	2a. Mailing Address 160 Isle of Venice	3.	3. Date Incorporated or Qualified 04/16/1985
22	Suite, Apt. #, etc. C.P.O.O.R	27	Suite, Apt. #, etc.	4.	4. FEI Number 59-6058535
23	City & State	28	City & State FT. Lauderdale, FL	5.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33301	29	Country Broward	6.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent N/A MC INC OFFICE 2555 NE 11TH ST FT LAUDERDALE FL 33304			10. Name and Address of New Registered Agent		
Bella Vista Terr, Inc 160 Isle of Venice FT. Lauderdale, FL 33301			81	Name Bella Vista Terr. Condo. #8	
			82	Street Address (P.O. Box Number is Not Acceptable) 160 Isle of Venice	
			83	City FT. Lauderdale	
			84	City 1	85 Zip Code FL 33301

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 Ernestine Bentham, Pres. DATE 4/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELLEN, VENIOS		1.2 NAME Dolly SHALITA	
STREET ADDRESS 160 ISLE OF VENICE		1.3 STREET ADDRESS 160 Isle of Venice	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP FT. Lauderdale, FL 33301	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERISTING, BENTHAM		5.2 NAME ERNESTINE BENTHAM	
STREET ADDRESS 160 ISLE OF VENICE		5.3 STREET ADDRESS 160 Isle of Venice	
CITY-ST-ZIP FT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP FT. Lauderdale, FL 33301	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signatures 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, with all other like empowered.

SIGNATURE: Ernestine Bentham, Pres. DATE: 4/17/99 Daytime Phone: 954-463-4915

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