

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23455
 1. Corporation Name
BELLA VISTA ON THE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
830 BELLA VISTA COURT SOUTH JUPITER, FL 33477 US	SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/13/1987	04/16/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-05184467	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	STEVE INGLIS
		82 Street Address (P.O. Box Number is Not Acceptable)	103 S. U.S. Highway One, F5-135
		83	
		84 City	Jupiter
		85 State	FL
		86 Zip	33477

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: *Steve Inglis* **Steve Inglis** DATE: **4-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Wuhrman, Jerald L.
STREET ADDRESS		1.3 STREET ADDRESS	154 Commodore Dr.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Costanzo, Thomas
STREET ADDRESS		2.3 STREET ADDRESS	240 Bella Vista Ct.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Lambert, Wayne
STREET ADDRESS		3.3 STREET ADDRESS	360 Bella Vista Ct.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	McLaughlin, John
STREET ADDRESS		4.3 STREET ADDRESS	250 Bella Vista Ct. N.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Jupiter, FL 33477
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002185930 CS
STREET ADDRESS		6.3 STREET ADDRESS	-05/21/97--01006--009 5/19/97
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

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: *Wayne Lambert* **Wayne Lambert** DATE: **4/27/97** (561) 575-3551

CR2E037 (9/96)