

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -6 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36282** (4)

1. Corporation Name

BONITA VISTA BAYSIDE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business	Mailing Address
% CHARLES TRULOCK 935 MAIN ST D-3 SAFETY HARBOR FL 34695 US	% CHARLES TRULOCK 935 MAIN ST D-3 SAFETY HARBOR FL 34695 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Bruce H. Murphy		26 c/o Bruce H. Murphy		01/19/1990	01/25/1996
22 Suite, Apt. #, etc. 2961 Hillcrest Circle S		27 Suite, Apt. #, etc. 2961 Hillcrest Circle S		4. FEI Number 59-3110146	Applied For Not Applicable
23 City & State Clearwater, FL		28 City & State Clearwater, FL 34619		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34619		29 Zip 34619		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TRULOCK, CHARLES
411 S BAYSHORE DR
STE 1
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name	Bruce H. Murphy
82 Street Address (P.O. Box Number is Not Acceptable)	2961 Hillcrest Circle S
83 City	Clearwater, FL 34619
84 City	Clearwater
85 Zip Code	FL 34619

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

Bruce H. Murphy
Signature, typed or printed name of registered agent and date if applicable

Bruce H. Murphy
(NOTE: Registered Agent signature required when resigning)

8/5/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T
NAME	TRULOCK, CHARLES	1.2 NAME	Bruce H. Murphy
STREET ADDRESS	935 MAIN ST D-3	1.3 STREET ADDRESS	2961 Hillcrest Circle S
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	D	2.1 TITLE	T
NAME	BARRETT, CHARLES R	2.2 NAME	Secretary
STREET ADDRESS	935 MAIN ST B-2	2.3 STREET ADDRESS	Jeanne A. Murphy
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	2961 Hillcrest Circle S.
TITLE	D	3.1 TITLE	T
NAME	WHICKER, FOLGER	3.2 NAME	President
STREET ADDRESS	935 MAIN ST B-2	3.3 STREET ADDRESS	Theresa Kraus
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	949 Bayshore Blvd S
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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
REQUIRE SIGNATURE REQUIRED

CR2E037 (4/97)