FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41625** **(7)**

1. Corporation Name

BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CUSTOM PROPERTY MANAGEMENT 2328 S. CONGRESS AVE., #2A W. PALM BCH. FL 33406 US	C/O CUSTOM PROPERTY MANAGEMENT 2328 S. CONGRESS AVE., #2A W. PALM BCH. FL 33406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1991
3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0285335 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEISMAR, GUSTAVE 5259 G EUROPA DR. BOYNTON BCH. FL 33437	81 Name: BOROWSKY, EDWARD 82 Street Address (P.O. Box Number is Not Acceptable): 5298 F EUROPA DR 83 84 City: BOYNTON BCH FL 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Edward Borowsky Treasurer Edward Borowsky 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change XX Addition
NAME	FREINT, DOROTHY	1.2 NAME	RUBINSON, STANLEY	
STREET ADDRESS	5299 B EUROPA ST	1.3 STREET ADDRESS	5298 D EUROPA DR	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BCH, FL	
TITLE	VD	2.1 TITLE	SD	XX Change XX Addition
NAME	BALABAN, HERBERT	2.2 NAME	PARKER, ANTHONY	
STREET ADDRESS	5299 E. EUROPA DR.	2.3 STREET ADDRESS	5267 A EUROPA DR	
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	BOYNTON BCH, FL	
TITLE	VD	3.1 TITLE	D	XX Change ☐ Addition
NAME	JACKERSON, BENJAMIN	3.2 NAME		
STREET ADDRESS	5299 I EUROPA DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	VD	XX Change ☐ Addition
NAME	COHEN, LOUIS	4.2 NAME		
STREET ADDRESS	5267 EUROPA DR., E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	TD	XX Change XX Addition
NAME		5.2 NAME	BOROWSKY, EDWARD	
STREET ADDRESS		5.3 STREET ADDRESS	5298 F EUROPA DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Stanley Rubinson President STANLEY RUBINSON 4/19/95 407 364 7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011000