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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 01/11/1991	3a. Date of Last Report: 04/24/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0285335	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	

9. Name and Address of Current Registered Agent

BOROWSKY, EDWARD
5298 F EUROPA DR
BOYNTON BCH FL 33437

10. Name and Address of New Registered Agent

81 Name: c/o Stanley Rubinson
82 Street Address (P.O. Box Number is Not Acceptable): 5298 D Europa Drive
83
84 City: Boynton Beach FL 85 Zip Code: 33437

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: Stanley Rubinson STANLEY RUBINSON - Treasurer 4/18/96
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 Treasurer-D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RUBINSON, STANLEY		1.2 NAME		
STREET ADDRESS	5298 D EUROPA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNON BC		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	President-D	☐ Change ☒ Addition
NAME	PARKER, ANTHONY		2.2 NAME	GEISMAR, Gus	
STREET ADDRESS	5267 A EUROPA DR		2.3 STREET ADDRESS	5259 G Europa Drive	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	Boynton Beach, FL. 33437	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary-D	☐ Change ☒ Addition
NAME	JACKERSON, BENJAMIN		3.2 NAME	PIRRI, Peter	
STREET ADDRESS	5299 J EUROPA DR.		3.3 STREET ADDRESS	5290 F, Europa Drive	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ 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	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOROWSKY, EDWARD		5.2 NAME		
STREET ADDRESS	5298 EUROPA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Stanley Rubinson STANLEY RUBINSON 4/18/96 (407) 364-7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #