

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:16

DOCUMENT # 730203 (7)
1. Corporation Name
BELLEVIEW BILTMORE VILLAS-BAYSHORE II, INC.

Principal Place of Business Mailing Address
1700 McMULLEN BOOTH RD., SUITE C-3 CLEARWATER FL 34619
1700 McMULLEN BOOTH RD., SUITE C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1974
3a. Date of Last Report 03/31/1994
4. FEI Number 59-1560917
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. 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

MILLER, RONALD H.
220 BELLEVIEW BLVD.
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name LENNARD A. LEIGHTON
82 Street Address (P.O. Box Number is Not Acceptable) 1700 McMULLEN BOOTH ROAD
83 SUITE C3
84 City CLEARWATER FL 85 Zip Code 34619

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 *[Signature]* DATE 2/9/95
(NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DINNER, HILTON 220 BELLEVIEW BLVD #712 BELLAIR FL 34616
PD BARRY, SHIRLEY 220 BELLEVIEW BLVD #309 BELLEAIR, FL 0
D SEIBERT, ROLF 220 BELLEVIEW BLVD #510 BELLEAIR, FL 00000
VPD STACKPOLE, RICHARD 220 BELLEVIEW BLVD #308 BELLEAIR, FL 00000
SD VOELKER, DON 220 BELLEVIEW BLVD #606 BELLEAIR, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME DVP BARRY, SHIRLEY
2.3 STREET ADDRESS 220 BELLEVIEW BLVD. #309
2.4 CITY-ST-ZIP BELLEAIR, FL
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME PD STACKPOLE, RICHARD
4.3 STREET ADDRESS 220 BELLEVIEW BLVD. #308
4.4 CITY-ST-ZIP BELLEAIR, FL
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 1/27/95
RICHARD STACKPOLE President

813-442-7049