


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730203 (7)

1. Corporation Name
BELLEVUE BILTMORE VILLAS-BAYSHORE II, INC.



Principal Place of Business		Mailing Address	
44175 E BAY DR STE 205 CLEARWATER FL 34624 US		4175 E BAY DR STE 205 CLEARWATER FL 34624 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
07/15/1974

4. FEI Number
59-1560917

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HILDEBRANDT, HAL
4175 E BAY DR #205
SUITE, C3
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT - D
NAME	BALDER, KEN	1.2 NAME	DON VOELKER
STREET ADDRESS	220 BELLEVUE BLVD NO. 303	1.3 STREET ADDRESS	220 BELLEVUE BLVD. #606
CITY-ST-ZIP	BELLAIR FL	1.4 CITY-ST-ZIP	BELLAIR, FL. 33756
TITLE	S	2.1 TITLE	VICE PRESIDENT - D
NAME	SCORDINO, GRACE	2.2 NAME	BUD WEBBER
STREET ADDRESS	220 BELLEVUE BLVD NO. 405	2.3 STREET ADDRESS	220 BELLEVUE BLVD.
CITY-ST-ZIP	BELLAIR, FL 0	2.4 CITY-ST-ZIP	BELLAIR, FL 33756
TITLE	D	3.1 TITLE	SECRETARY - D
NAME	GOODMAN, JOSEPH	3.2 NAME	KURT HESEBECK
STREET ADDRESS	220 BELLEVUE BLVD N #601	3.3 STREET ADDRESS	220 BELLEVUE BLVD #706
CITY-ST-ZIP	BELLAIR FL	3.4 CITY-ST-ZIP	BELLAIR, FL 33756
TITLE	PD	4.1 TITLE	DIRECTOR
NAME	STACKPOLE, RICHARD	4.2 NAME	KEN HEMMING
STREET ADDRESS	220 BELLEVUE BLVD #308	4.3 STREET ADDRESS	220 BELLEVUE BLVD #703
CITY-ST-ZIP	BELLAIR, FL 00000	4.4 CITY-ST-ZIP	BELLAIR, FL. 33756
TITLE	VP	5.1 TITLE	
NAME	VOELKER, DON	5.2 NAME	
STREET ADDRESS	220 BELLEVUE BLVD #606	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIR, FL 00000	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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON VOELKER
1.3 STREET ADDRESS	220 BELLEVUE BLVD. #606
1.4 CITY-ST-ZIP	BELLAIR, FL. 33756
2.1 TITLE	VICE PRESIDENT - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUD WEBBER
2.3 STREET ADDRESS	220 BELLEVUE BLVD.
2.4 CITY-ST-ZIP	BELLAIR, FL 33756
3.1 TITLE	SECRETARY - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KURT HESEBECK
3.3 STREET ADDRESS	220 BELLEVUE BLVD #706
3.4 CITY-ST-ZIP	BELLAIR, FL 33756
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEN HEMMING
4.3 STREET ADDRESS	220 BELLEVUE BLVD #703
4.4 CITY-ST-ZIP	BELLAIR, FL. 33756
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Don Voelker* 11/5/98 (813) 461-3620

CR2E037 (10/97)