

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730203

FILED
Mar 24, 2006
Secretary of State

Entity Name: BELLEVIEW BILTMORE VILLAS-BAYSHORE II, INC.

Current Principal Place of Business:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1560917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE MANAGEMENT, INC.
7300 PARK ST.
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JOE
Address: 220 BELLEVIEW BLVD. #108
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: CAMINIS, RENEE
Address: 220 BELLEVIEW BOULEVARD #712
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: NEILSON, DOUG
Address: 220 BELLEVIEW BOULEVARD #802
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: VOELKER, MARGE
Address: 220 BELLEVIEW BOULEVARD #606
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: WHITE, MARY LOU
Address: 220 BELLEVIEW BOULEVARD #605
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMSTRONG, DON
Address: 220 BELLEVIEW BLVD. #611
City-St-Zip: CLEARWATER, FL 33756

Title: VD (X) Change () Addition
Name: ESKEW, LUCY
Address: 220 BELLEVIEW BOULEVARD #202
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SMITH, JOSEPH
Address: 220 BELLEVIEW BOULEVARD #108
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON ARMSTRONG

PD

03/24/2006

Electronic Signature of Signing Officer or Director

_____ Date