

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730203

FILED  
Apr 08, 2009  
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: ARMSTRONG, DON  
Address: 220 BELLEVIEW BLVD. #611  
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete  
Name: ESKEW, LUCY  
Address: 220 BELLEVIEW BOULEVARD #202  
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: SMITH, JOSEPH  
Address: 220 BELLEVIEW BOULEVARD #108  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: PLATT, KAREN  
Address: 220 BELLEVIEW BOULEVARD #810  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

P

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date