

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:16

**DOCUMENT # 754308 (5)**

1. Corporation Name  
**BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVIEW BLVD., INC.**

Principal Place of Business Mailing Address  
**1700 MCMULLEN BOOTH RD. STE C3 CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1980** 3a. Date of Last Report **03/31/1994**  
4. FEI Number **59-2073063** Applied For   
Not Applicable

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

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. 199.032, Florida Statutes  Yes  No

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** 85. Zip Code **FL 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 reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>THEROUX, PAUL</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD, #102</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>
TITLE	<b>PD</b>
NAME	<b>DONLAN, JOHN</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #207</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>
TITLE	<b>SD</b>
NAME	<b>HOLT, RICHARD</b>
STREET ADDRESS	<b>8 BELLEVIEW BA1LVD, #103</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>
TITLE	<b>VPD</b>
NAME	<b>MAUPIN, HAROLD</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #403</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>
TITLE	<b>TD</b>
NAME	<b>CADGENE, GEORGE</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #508</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Young, Lucia</b>
1.3 STREET ADDRESS	<b>8 Belleview Blvd., #108</b>
1.4 CITY-ST-ZIP	<b>Belleair, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: *[Signature]* DATE **1/30/95** ID# **4614721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John Donlan, President**