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03-26-1999 90002 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 754308

1. Corporation Name

**BELLEVUE BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVUE BLVD., INC.**

Principal Place of Business

1700 MCMULLEN BOOTH RD. STE C3  
 CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH RD. STE C3  
 CLEARWATER FL 34619



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/24/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2073063

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.  
 1700 MCMULLEN BOOTH ROAD  
 SUITE C3  
 CLEARWATER FL 34619

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  DELETE  
 NAME NAWN, LUCIA YOUNG  
 STREET ADDRESS 8 BELLEVUE BLVD #108  
 CITY-ST-ZIP BELLEAIR FL

1.1 TITLE VP  Change  Addition  
 1.2 NAME John McLeod  
 1.3 STREET ADDRESS 8 Bellevue Blvd., #707  
 1.4 CITY-ST-ZIP Belleair, FL 33756

TITLE SD  DELETE  
 NAME WELSH, LEO  
 STREET ADDRESS 8 BELLEVUE BLVD #506  
 CITY-ST-ZIP BELLEAIR FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME HOEY, RALPH  
 STREET ADDRESS 8 BELLEVUE BLVD, #103  
 CITY-ST-ZIP BELLEAIR FL

3.1 TITLE PD  Change  Addition  
 3.2 NAME John McNiff  
 3.3 STREET ADDRESS 8 Bellevue Blvd. #407  
 3.4 CITY-ST-ZIP Belleair, FL 33756

TITLE TD  DELETE  
 NAME OTTO, BOB  
 STREET ADDRESS 8 BELLEVUE BLVD NO. 704  
 CITY-ST-ZIP BELLEAIR FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME MONBERG, WARREN  
 STREET ADDRESS 8 BELLEVUE BLVD NO. 603  
 CITY-ST-ZIP BELLEAIR FL

5.1 TITLE D  Change  Addition  
 5.2 NAME Richard Harkins  
 5.3 STREET ADDRESS 8 Bellevue Blvd., #201  
 5.4 CITY-ST-ZIP Belleair, FL 33756

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*R. Harkins*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/1999

727-446-4019

Date

Daytime Phone #

CR2E037 (11/98)