


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90064 009 ****61.25

DOCUMENT # 754308					
1. Entity Name BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVIEW BLVD., INC.					
Principal Place of Business 7300 PARK STREET LARGO, FL 33777 US			Mailing Address 7300 PARK STREET LARGO, FL 33777 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2073063	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REINHARDT, DEBRA 7300 PARK STREET LARGO, FL 33777			Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEOD, JOHN		NAME	Keith Whiteley	
STREET ADDRESS	8 BELLEVIEW BLVD #707		STREET ADDRESS	8 Belleview Blvd #605	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELSH, LEO		NAME	Thomas Hoops	
STREET ADDRESS	8 BELLEVIEW BLVD #506		STREET ADDRESS	8 Belleview Blvd #602	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LODGE, RICHARD		NAME	George McLeod	
STREET ADDRESS	8 BELLEVIEW BLVD #204		STREET ADDRESS	8 Belleview Blvd #707	
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP	Belleair, FL 33756	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERSIS, EMANUEL		NAME	S	
STREET ADDRESS	8 BELLEVIEW BLVD #508		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL 33756		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Warren Manberg	
STREET ADDRESS			STREET ADDRESS	8 Belleview Blvd #603	
CITY-ST-ZIP			CITY-ST-ZIP	Belleair, FL 33756	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Warren T. Manberg</i>		Date: <i>2/11/04</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01162004 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

\$8.75 Additional Fee Required

FL

Filing Fee is \$61.25 Due by May 1, 2004

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: *Warren T. Manberg* Date: *2/11/04* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #