

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90051 010 ****61.25



DOCUMENT # 754308
 1. Entity Name
BELLEVUE BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVUE 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2073063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
REINHARDT, DEBRA
7300 PARK STREET
LARGO, FL 33777

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLEY, KEITH	
STREET ADDRESS	8 BELLEVUE BLVD #605	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOOPS, THOMAS	
STREET ADDRESS	8 BELLEVUE BLVD. #602	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEOD, GEORGE	
STREET ADDRESS	8 BELLEAIR BLVD #707	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MERSIS, EMANUEL	
STREET ADDRESS	8 BELLEVUE BLVD #508	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WARREN, MONBURG	
STREET ADDRESS	8 BELLEVUE BLVD #603	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **1/8/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #