2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005746

Entity Name: BILTMORE GROVE HOA, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

80 S.W. 8TH STREET **SUITE 1870** MIAMI, FL 33130

1495 NORTHPARK DRIVE WESTON, FL 33326

Current Mailing Address:

New Mailing Address:

80 S.W. 8TH STREET **SUITE 1870** MIAMI, FL 33130

1495 NORTHPARK DRIVE WESTON, FL 33326

FEI Number: 51-0513100

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORMAN, KENNETH E 6352 SHADOW CREEK VILLAGE CREEK LAKE WORTH, FL 33463

GABLES PROPERTY MANAGEMENT 1495 NORTHPARK DRIVE WESTON, FL 33326

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: LINDA J. O'DONNELL

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DRODY, LANI KAHN Name: Address: 80 S.W. 8TH STREET City-St-Zip:

MIAMI, FL 33130

Title: VD () Delete SMITH, MICHAEL D Name: Address: 80 S.W. 8TH STREET City-St-Zip: MIAMI, FL 33130

Title: () Delete SERRATS, SUSAN Name: 80 S.W. 8TH STREET Address: City-St-Zip: MIAMI, FL 33130

Title: () Delete

Name: Address: City-St-Zip:

(X) Change () Addition Name:

FISKE, SCOTT Address: 1495 NORTHPARK DRIVE City-St-Zip: WESTON, FL 33326

Title: (X) Change () Addition

Name: JOSEPH, JAYA

Address: 1495 NORTHPARK DRIVE City-St-Zip: WESTON, FL 33326

Title: (X) Change () Addition

BEN-DAVID, RANI Name: 1495 NORTHPARK DRIVE Address: City-St-Zip: WESTON, FL 33326

Title: () Change (X) Addition

LOWERY, BOB Name: 1495 NORTHPARK DRIVE Address:

City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: JANINE PREVATT LCAM 05/01/2006