

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07098

FILED  
Jan 22, 2005  
Secretary of State

Entity Name: BILTMORE HOMEOWNERS ASSOCIATION OF CORAL GABLES, INC.

**Current Principal Place of Business:**

3252 RIVIERA DR  
CORAL GABLES, FL 331346400 US

**New Principal Place of Business:**

**Current Mailing Address:**

3252 RIVIERA DR  
CORAL GABLES, FL 331346400 US

**New Mailing Address:**

FEI Number: 59-2491600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE, DR. THOR W.  
3252 RIVIERA DR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOORE, MICHAEL T.,  
Address: 3515 ANDERSON ROAD  
City-St-Zip: CORAL GABLES, FL

Title: PD ( ) Delete  
Name: BRUCE, THOR W.,  
Address: 3252 RIVERIA DRIVE  
City-St-Zip: CORAL GABLES, FL

Title: TD ( ) Delete  
Name: BRUCE, MALINDA  
Address: 3252 RIVIERA DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete  
Name: SLESNICK, JEANNETTE  
Address: 827 N GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: CHILDRESS, ANNE  
Address: 701 ALEDO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOR W. BRUCE

PD

01/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date