

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07098

FILED
Jan 14, 2009
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 33134 US

Title: PD () Delete
Name: BRUCE, THOR W PH.D.
Address: 3252 RIVERIA DRIVE
City-St-Zip: CORAL GABLES, FL 33134 US

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

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

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:

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

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date