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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18448

1. Corporation Name

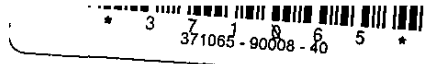
BELLEVUE BILTMORE HOMES ASSOCIATION, INC.

Principal Place of Business

1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619 US

Mailing Address

1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/24/1986

22 City & State

27 City & State

4. FEI Number

Applied For

59-2775794

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD A SEA BOARD MANAGEMENT SERVICES, INC. 1700 MCMULLEN BOOTH ROAD, SUITE C3 CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME SPENCER, SCOTT
STREET ADDRESS 45 ST. ANDREWS DRIVE
CITY-ST-ZIP BELLEAIR FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME KESLING, DICK D.
STREET ADDRESS 4 BELLEVUE BLVD. #508
CITY-ST-ZIP BELLEAIR FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME DEYOUNG, ROBERT
STREET ADDRESS 6 BELLEVUE BLVD. #308
CITY-ST-ZIP BELLEAIR FL

3.1 TITLE Change Addition
3.2 NAME Eugene Shearer
3.3 STREET ADDRESS 100 Oakmont Lane #412
3.4 CITY-ST-ZIP Belleair, FL 33756

TITLE TD DELETE
NAME HOEY, RALPH
STREET ADDRESS 8 BELLEVUE BLVD., #103
CITY-ST-ZIP BELLEAIR FL

4.1 TITLE Change Addition
4.2 NAME Bob Van Winkle
4.3 STREET ADDRESS Two Seaside Lane #302
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/99 727-4429452

CR2E037 (1/198)