

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90025 046 \*\*\*\*61.25

**DOCUMENT # N18448**

1. Entity Name

**BELLEVIEW BILTMORE HOMES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2189 CLEVELAND ST  
 CLEARWATER, FL 33765  
 US

2189 CLEVELAND ST  
 #225  
 CLEARWATER FL 33765  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2775794**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Resource Property Management*  
~~LEIGHTON, LENNARD A.~~  
~~SEA BOARD MANAGEMENT SERVICES, INC.~~  
~~2189 CLEVELAND ST STE 225~~  
~~CLEARWATER FL 33765~~

Name: *Resource Property Management*  
 Street Address (P.O. Box Number is Not Acceptable): *103 CLEVELAND AVE S.W. LARGO, FL 33770*  
 City: *LARGO, FL* Zip Code: *33770*

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.  
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)  
 DATE: *4/24/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, SCOTT	
STREET ADDRESS	45 ST. ANDREWS DRIVE	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KESLING, DICK D.	
STREET ADDRESS	4 BELLEVIEW BLVD. #508	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHEARER, EUGENE	
STREET ADDRESS	100 OAKMONT LANE #412	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VAN WINKLE, BOB	
STREET ADDRESS	TWO SEASONS LANE #302	
CITY-ST-ZIP	BELLAIR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, Gwen	
STREET ADDRESS	6 Belleview Blvd., #108	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hedberg, Roger	
STREET ADDRESS	150 Belleview Blvd., #107	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Perrott	
STREET ADDRESS	Two Seaside Lane #503	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lankton, James	
STREET ADDRESS	Three Seaside Labe #402	
CITY-ST-ZIP	Belleair, FL 33756	
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: *4/24/02* DATE  
 DAYTIME PHONE #

CR2E037 (9/01)