

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2007  
Secretary of State**

DOCUMENT# N18448

Entity Name: BELLEVIEW BILTMORE HOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK ST  
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK ST  
#225  
SEMINOLE, FL 33777 US

**New Mailing Address:**

FEI Number: 59-2775794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RESOURCE PROPERTY MGMT.  
7300 PARK ST  
SEMINOLE, FL 33777 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: PD ( ) Delete  
Name: HOOVER, GWEN  
Address: 6 BELLEVIEW BLVD. #108  
City-St-Zip: BELLEAIR, FL 33756

Title: SD ( ) Delete  
Name: PERROTT, RONALD  
Address: TWO SEASIDE LANE #503  
City-St-Zip: BELLEAIR, FL 33756

Title: TD ( ) Delete  
Name: LANKTON, JAMES  
Address: THREE SEASIDE LANE #402  
City-St-Zip: BELLEAIR, FL 33756

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

Title: P (X) Change ( ) Addition  
Name: DUPONT, THOMAS  
Address: 430 ST. ANDREWS DRIVE  
City-St-Zip: BELLEAIR, FL 33756

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

Title: T (X) Change ( ) Addition  
Name: ARMSTRONG, DONALD  
Address: 220 BELLEVIEW BOULEVARD #811  
City-St-Zip: BELLEAIR, FL 33756

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: THOMAS DUPONT

P

04/17/2007

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

\_\_\_\_\_  
Date