FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:16

DOCUMENT # 735919 (3)

1. Corporation Name

BELLEVIEW BILTMORE VILLAS-BAYGREEN, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1976
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1690412 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MILLER, RONALD H.
220 BELLEVIEW BLVD
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

61 Name: LENNARD A. LEIGHTON
62 Street Address (P.O. Box Number is Not Acceptable): 1700 McMULLEN BOOTH ROAD
63: SUITE C3
84 City: CLEARWATER FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lennard A Leighton 2/9/95
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	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BENSEN, EDNA	1.2 NAME	BENSEN, EDNA	
STREET ADDRESS	50 COE ROAD #113	1.3 STREET ADDRESS	50 COE ROAD #113	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP	BELLEAIR FL	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	JAMES, ALAN	2.2 NAME	PALMER, RUSSELL	
STREET ADDRESS	50 COE ROAD #135	2.3 STREET ADDRESS	50 COE ROAD #233	
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	BELLEAIR FL	
TITLE	PD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MURPHY, E.	3.2 NAME	JEUTTER, GERALD	
STREET ADDRESS	50 COE RD.,APT.126	3.3 STREET ADDRESS	50 COE ROAD #236	
CITY-ST-ZIP	BELLEAIR, FL 00000	3.4 CITY-ST-ZIP	BELLEAIR FL	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	WACHOB, T.	4.2 NAME		
STREET ADDRESS	50 COE RD APT #212	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLAIR, FL 00000	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, H.	5.2 NAME		
STREET ADDRESS	50 COE RD APT #326	5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLAIR, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	REID, F.	6.2 NAME	SCOTT, SUSAN	
STREET ADDRESS	50 COE RD.,APT.225	6.3 STREET ADDRESS	50 COE ROAD #116	
CITY-ST-ZIP	BELLEAIR FL	6.4 CITY-ST-ZIP	BELLEAIR FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Edna Bensen, Pres. Jan. 31, 1995 813-442-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDNA BENSEN President

00184390