


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735919** (3)

1. Corporation Name

BELLEVUE BILTMORE VILLAS-BAYGREEN, INC.



Principal Place of Business 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34618	Mailing Address 1700 MCMULLEN BOOTH RD. STE C-3 CLEARWATER FL 34618-2129
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3. Date Incorporated or Qualified 05/25/1976	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1690412	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEIGHTON, LENNARD A. 1700 MCMULLEN BOOTH ROAD SUITE 38 CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSEN, EDNA	1.2 NAME	
STREET ADDRESS	50 COE ROAD #113	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL RUSSELL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEUTTER, GERALD	3.2 NAME	
STREET ADDRESS	50 COE ROAD #236	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ALAN	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZ, TED	6.2 NAME	
STREET ADDRESS	50 COE ROAD #116	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Edna Bensen* **2/13/97** **442-9413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087226

CR2E037 (9/96)