

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90246 009 \*\*\*\*61.25

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DOCUMENT # 735919

1. Corporation Name

BELLEVIEW BILTMORE VILLAS-BAYGREEN, INC.

Principal Place of Business

1700 MCMULLEN BOOTH RD. STE C-3  
CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH RD. STE C-3  
CLEARWATER FL 34619



2. Principal Place of Business

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

2a. Mailing Address

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

3. Date Incorporated or Qualified

05/25/1976

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

9. Name and Address of Current Registered Agent

LENNARD A. LEIGHTON  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

81 Name

LENNARD A. LEIGHTON  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER, FL 33765

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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
STREET ADDRESS BENSON, EDNA  
CITY-ST-ZIP 50 COE ROAD #114  
BELLEAIR FL

TITLE ☒ DELETE

NAME VP  
STREET ADDRESS PALMER, RUSSELL  
CITY-ST-ZIP 50 COE ROAD #233  
BELLEAIR FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS SLAVIN, WILLIAM  
CITY-ST-ZIP 50 COE ROAD #121  
BELLEAIR, FL 00000

TITLE ☐ DELETE

NAME S  
STREET ADDRESS JAMES, ALAN  
CITY-ST-ZIP 50 COE RD APT #212  
BELLAIR, FL 00000

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS LEVY, H.  
CITY-ST-ZIP 50 COE RD APT #326  
BELLAIR, FL 00000

TITLE ☐ DELETE

NAME D  
STREET ADDRESS SCHUTZ, TED  
CITY-ST-ZIP 50 COE ROAD #116  
BELLEAIR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

TD  
NAME BILL TREMBOUR  
STREET ADDRESS 50 COE RD. # 323  
CITY-ST-ZIP BELLEAIR, FL 33756

2.2 NAME ☐ Change ☒ Addition

D  
NAME ROBERTA HEINONEN  
STREET ADDRESS 50 COE RD. # 317  
CITY-ST-ZIP BELLEAIR, FL 33756

3.1 TITLE ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 REQUIRED

4-30-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)