

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90035 036 \*\*\*\*61.25

**DOCUMENT # 735919**

1. Entity Name  
**BELVIEW BILTMORE VILLAS-BAYGREEN, INC.**



Principal Place of Business  
**50 COE RD  
BELLEAIR, FL 34616**

Mailing Address  
**C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1690412**

Applied For  
Not Applicable

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

**THOMAS, DOROTHY  
7300 PARK STREET  
SEMINOLE, FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
MURPHY, E. F.  
50 COE RD. #126  
BELLEAIR, FL 33756**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
GOSS, WILLIAM  
50 COE RD., #314  
BELLEAIR, FL 33756**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
JAMES, ALAN  
50 COE RD APT #212  
BELLEAIR, FL 33756**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPD  
SCHUTZ, TED  
50 COE ROAD #116  
BELLEAIR, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
LAWS, CLARA  
50 COE ROAD, #224  
BELLEAIR, FL 33756**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**5  
Bill Crown  
50 Coe Rd #331  
Belleair, FL 33756**

☐ Change ☒ Addition

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]*  
Typed or printed name of signing officer or director

Date

Daytime Phone #