2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# 735919

Entity Name: BELLEVIEW BILTMORE VILLAS-BAYGREEN, INC.

Current Principal Place of Business:

50 COE RD
BELLEAIR, FL 34616

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1690412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, DOROTHY
7300 PARK STREET
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:	D	( ) Delete
Name:	MURPHY, ED	
Address:	50 COE RD. #126	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	PD	( ) Delete
Name:	GOSS, WILLIAM	
Address:	50 COE RD., #314	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	D	( ) Delete
Name:	O'BRIEN, CHARLES	
Address:	50 COE RD APT #312	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	D	( ) Delete
Name:	WAYLAND, BON	
Address:	50 COE RD # 333	
City-St-Zip:	BELLEAIR, FK 33756	
Title:	TD	( ) Delete
Name:	LAWS, CLARA	
Address:	50 COE ROAD, #224	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	PD	( ) Delete
Name:	HALL, EARL	
Address:	50 COE RD., #317	
City-St-Zip:	BELLEAIR, FL 33756	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	HOIERMAN, JOAN	
Address:	50 COE RD., #331	
City-St-Zip:	BELLEAIR, FL 33756	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: JOAN HOIERMAN PD 03/28/2008

Electronic Signature of Signing Officer or Director — Date