

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005746

**Entity Name:** BILTMORE GROVE HOA, INC.**Current Principal Place of Business:**1495 N PARK DRIVE  
WESTON, FL 33326**Current Mailing Address:**1495 N PARK DRIVE  
WESTON, FL 33326**FEI Number:** 51-0513100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKALAR & ASSOCIATES, P.A.  
150 SOUTH PINE ISLAND RD., STE. 540  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	BEN-DAVID, RANI
Address	1495 N PARK DRIVE
City-State-Zip:	WESTON FL 33326

Title	VP
Name	DAVIS, KEN
Address	1495 N PARK DRIVE
City-State-Zip:	WESTON FL 33326

Title	SECRETARY
Name	WILSON, DENNIS
Address	1495 N PARK DR
City-State-Zip:	WESTON FL 33326

Title	PRES
Name	LANZA, FRANK
Address	1495 N PARK DR
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	WINICK, MAUREEN
Address	145 NORTH PARK DRIVE
City-State-Zip:	WESTON FL 33326

Title	TREASURER
Name	JACOBS, LIZ
Address	1495 NORTH PARK DRIVE
City-State-Zip:	WESTON FL 33326

Title	DIRECTOR
Name	NOTO, DINO
Address	1495 N PARK DRIVE
City-State-Zip:	WESTON FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK LANZA**PRESIDENT****03/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date