

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005746

**Entity Name:** BILTMORE GROVE HOA, INC.

**Current Principal Place of Business:**

15951 SW 41 STREET  
300  
DAVIE, FL 33331

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC5759061004**

**Current Mailing Address:**

15951 SW 41 STREET  
300  
DAVIE, FL 33331 US

**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 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title VP  
Name DAVIS, KEN  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title SECRETARY  
Name WILSON, DENNIS  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title PRES  
Name LANZA, FRANK  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title DIRECTOR  
Name WINICK, MAUREEN  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title TREASURER  
Name JACOBS, LIZ  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

Title DIRECTOR  
Name NOTO, DINO  
Address 15951 SW 41 STREET  
300  
City-State-Zip: DAVIE FL 33331

*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**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date