

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07098

**FILED**  
**Jan 15, 2024**  
**Secretary of State**  
**6887502431CC**

**Entity Name:** BILTMORE HOMEOWNERS ASSOCIATION OF CORAL GABLES, INC.

**Current Principal Place of Business:**

3252 RIVIERA DR  
CORAL GABLES, FL 33134-6400

**Current Mailing Address:**

3252 RIVIERA DR  
CORAL GABLES, FL 33134-6400 US

**FEI Number:** 59-2491600

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRUCE, DR. THOR W.  
3252 RIVIERA DR  
CORAL GABLES, FL 33134 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            D  
Name            MOORE, MICHAEL T  
Address        3515 ANDERSON ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            PD  
Name            BRUCE, THOR WPH.D.  
Address        3252 RIVERIA DRIVE  
City-State-Zip: CORAL GABLES FL 33134

*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:** THOR W. BRUCE

**PRESIDNET**

**01/15/2024**

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

\_\_\_\_\_  
Date