

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07098

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC7307335293**

**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

Title VPD  
Name SLESNICK, JEANNETTE  
Address 827 N GREENWAY DRIVE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name CHILDRESS, ANNE  
Address 701 ALEDO AVENUE  
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

PD

03/01/2016

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

\_\_\_\_\_  
Date