SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	DIVISION OF C	ORPORATIONS	Secreta Secreta	ary of State
DOCUMENT # 712125 (4)					
BILTMO	RE ESTATES CIVIC ASSOCI				
				1 188111 18881 11818 11881 11818 11881 8	(() ()
Principal Place of Business Mailing Address					
1921 PATLIN CIRCLE S. 1921 PATLIN CIRCLE S.				3. Date Incorporated or Qualified	
LARGO FL 34640 LARGO FL 34640			01/20/1967		
				4. FEI Number	Applied For
Principal Place of Business 2a. Mailing Address				59-1616167	Not Applicable
21 1830 KAY DR 28 1830 NET			UA DR	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. VEVA Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
27 City & State City & State				Trust Fund Contribution	Added to Fees
23 L	IRGO FL	City & State		7. Is this nonprofit corporation a hom	neowners association? Yes No
Zip 24 3311	Country 25 DINKILL	29 33710	30 Pine MA	This corporation owes or has paid	
1241 2 / I	9. Name and Address of Current		301 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Personal Property Tax due June 3 10. Name and Address of New Reg	
81 Name //				0 11 0 +	- 0
KERR, JOSEPH 82 Street Addre				CARLE	<u> </u>
1921 PATLIN CIRCLE S.				dress (P.O. Box Number Is Not Acceptable	,
LARGO FL 34640			83	NEVA	
			84 City	1 8075	85 Zip Code
11. Pursuant to the provisions of sections 617.0502 and 617.1508. Florida Statutes, the above-named coporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the coporation's board in directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable. (NOT)	E: Registered Agent signature re	equired When reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	LOUCKS, VESTA		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	1820 KAY DR. LARGO FL		1.3 STREET ADDRESS		
TITLE	VD	DELETE	1.4 CITY-ST-ZIP		
NAME	OPP, STUART	☐ DEFEIS	2.2 NAME		Change Addition
STREET ADDRESS	1821 PATLIN CIRCLE N.		2.3 STREET ADDRESS		
CITY-\$T-ZIP	LARGO FL		2.4 CITY-ST-ZIP	1	
TITLE	SD	DELETE	3.1 TITLE	30/70 0 01	Change Addition
NAME	CASTER, RUSSEL		3.2 NAME	CARTER, MUSSELL	/
	1700 KAY DR		3.3 STREET ADDRESS	1830 NEUA DR.	
CITY-ST-ZIP TITLE	LARGO FL		3.4 CITY-ST-ZIP	CARTER, Russell 1830 NEVA DR. LARGO FL 3	3770
NAME	TD Kerr, Joseph	DELETE	4.1 TITLE		Change Addition
STREET ADDRESS	1921 PATLIN CIRCLE S.		4.2 NAME 4.3 STREET ADDRESS		
City-St-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	5.1 TITLE	***************************************	Change Addition
NAME			5.2 NAME		Francial Francial
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		į.

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loudes 7

1-127-98501

Deudin - Dr. - - A

FILED

Sep 10 1998 8:00am³