FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723952 (8)

1. Corporation Name
BELLEVIEW BILTMORE VILLAS-BAYSHORE, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1972
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1514215 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, RONALD H.
220 BELLEVIEW ROAD
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name: LENNARD A. LEIGHTON
82 Street Address (P.O. Box Number is Not Acceptable): Seaboard Arbors Management Services, Inc.
83: 1700 McMullen Booth Road, Suite C3
84 City: Clearwater **FL** 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lennard A. Leighton 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HICKERSON, ARVILLE	1.2 NAME	
STREET ADDRESS	100 OAKMONT LANE #703	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, KEN	2.2 NAME	
STREET ADDRESS	100 OAKMONT LN 808	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BUNN, WALTER	3.2 NAME	
STREET ADDRESS	100 OAKMONG LANE #702	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, HARRY DR.	4.2 NAME	
STREET ADDRESS	100 OAKMONT LANE #702	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition
NAME	MILLER, MARCY	5.2 NAME	MEEK, JOHN
STREET ADDRESS	100 OAKMONT LANE #403	5.3 STREET ADDRESS	100 Oakmont Lane #606
CITY-ST-ZIP	BELLEAIR, FL 00000	5.4 CITY-ST-ZIP	BELLEAIR, FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Walter R. Bunn 3/10/95 442-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Walter R. Bunn, Secretary