FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State
03-26-1999 90002 049 ****61.25

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DOCUMENT # **723952**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/24/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1514215 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.
SEABOARD ARBORS MANAGEMENT SERVICES, INC.
1700 MCMULLEN BOOTH ROAD, SUITE C3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEPPIAHO, JOHN		1.2 NAME		
STREET ADDRESS	100 OAKMONT LANE #311		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEAST, RICHARD		2.2 NAME		
STREET ADDRESS	100 OAKMONT LANE #802		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCNAY, MILU		3.2 NAME		
STREET ADDRESS	100 OAKMONT LANE #409		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRAVAS, BILL		4. 2 NAME		
STREET ADDRESS	100 OAKMONT LANE #609		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	PTD	☒ Change ☐ Addition
NAME	SHEARER, EUGENE		5.2 NAME	Shearer, Eugene	
STREET ADDRESS	100 OAKMONT LEN #411		5.3 STREET ADDRESS	100 Oakmont Lane #411	
CITY-ST-ZIP	BELLEAIR FL		5.4 CITY-ST-ZIP	Belleair, FL 33756	
TITLE		☐ DELETE	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 hereby 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, with all other like empowered.

SIGNATURE: Eugene Shearer SIGNATURE REQUIRED (EUGENE SHEARER) 8 MAR 99 727/443-2188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)