

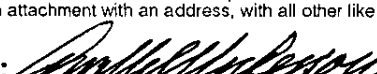
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90096 014 ****61.25

DOCUMENT # 723952 1. Entity Name BELLEVUE BILTMORE VILLAS-BAYSHORE, INC.					
Principal Place of Business 2189 CLEVELAND ST #225 CLEARWATER FL 33765			Mailing Address 2189 CLEVELAND ST #225 CLEARWATER FL 33765		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEPPIAHO, JOHN 100 OAKMONT LANE #311 BELLEAIR FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKERSON, ARVILLE 100 OAKMONT LANE #703 BELLEAIR FL 33756 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKERSON, ARVILLE 100 OAKMONT LANE #703 BELLEAIR, FL 33756 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RICHARD, KAYE 100 OAKMONT LANE #208 BELLEAIR FL 33756 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PURCELL, DAVID 100 OAKMONT LANE \$405 BELLEAIR, FL 33756 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEL, MIKE 100 OAKMONT LANE #208 BELLEAIR FL 33756 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAVAS, WILLIAM 100 OALMINT LANE #609 BELLEAIR FL 33756 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAIN, MICHAEL 100 OALMINT LANE #806 BELLEAIR FL 33756 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 2005 727-4412-6613
Date Daytime Phone #