

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90043 006 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1514215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

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, 2006

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

TITLE PD ☐ Delete
NAME LEPPIAHO, JOHN
STREET ADDRESS 100 OAKMONT LANE #311
CITY-ST-ZIP BELLEAIR FL 33756

TITLE SD ☐ Delete
NAME HICKERSON, ARVILLE
STREET ADDRESS 100 OAKMONT LANE 703
CITY-ST-ZIP BELLEAIR FL 33756

TITLE VPTD ☐ Delete
NAME PURCELL, DAVID
STREET ADDRESS 100 OAKMONT LANE 405
CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TD ☒ Change ☐ Addition
NAME LEPPIAHO, JOHN
STREET ADDRESS 100 OAKMONT LANE #311
CITY-ST-ZIP BELLEAIR, FL 33756

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☒ Change ☐ Addition
NAME PURCELL, DAVID
STREET ADDRESS 100 OAKMONT LANE 405
CITY-ST-ZIP BELLEAIR, FL 33756

VPD ☐ Change ☒ Addition
NAME FRIEL, MICHAEL
STREET ADDRESS 100 OAKMONT LANE #308
CITY-ST-ZIP BELLEAIR, FL 33756

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

David Purcell