2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# 723952

Entity Name: BELLEVIEW BILTMORE VILLAS-BAYSHORE, INC.

Current Principal Place of Business:

2189 CLEVELAND ST
#225
CLEARWATER, FL 33765

New Principal Place of Business:

100 OAKMONT LANE
BELLEAIR, FL 33756

Current Mailing Address:

2189 CLEVELAND ST
#225
CLEARWATER, FL 33765

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

FEI Number: 59-1514215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REINHARDT, DEBBIE
7300 PARK STREET
SEMINOLE, FL 33777 US

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.

SIGNATURE: DEBBIE REINHARDT 09/01/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEPPIAHO, JOHN
Address: 100 OAKMONT LANE #311
City-St-Zip: BELLEAIR, FL 33756

Title: SD ( ) Delete
Name: HICKERSON, ARVILLE
Address: 100 OAKMONT LANE 703
City-St-Zip: BELLEAIR, FL 33756

Title: P ( ) Delete
Name: MCCAIN, MIKE
Address: 100 OAKMONT LN 806
City-St-Zip: CLEARWATER, FL 33756

Title: S ( ) Delete
Name: SAMPSON, BOB
Address: 100 OAKMONT LANE # 305
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete
Name: PURCELL, DAVID
Address: 100 OAKMONT LAN #405
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: SIGNORIEL, MARY
Address: 100 OAKMONT LAN #101
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MCCAIN PRES 09/01/2009
Electronic Signature of Signing Officer or Director — Date