

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90003 004 ***61.25

DOCUMENT # 734006

1. Entity Name
**BILTMORE CLUB VILLAS TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2409 NW 11 STREET
MIAMI, FL 33125**

Mailing Address
**4114 N.W. 4TH TERRACE
MIAMI, FL 33126 US**

54064597



01062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1682982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEDEROS, RALPH
4114 N.W. 4TH TERRACE
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, MARTA 2411 N.W. 11TH STREET, APT. 14 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDEZ, VIVIAN 2401 N.W. 11TH STREET, APT. 2 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLUMER, PAMELA 2405 N.W. 11TH STREET, APT. 8 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPOS, TONY 2413 N.W. 11TH STREET, APT. 22 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUICHAL, CARLOS 2405 N.W. 11TH STREET, APT. 7 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, OSVALDO 2421 N.W. 11TH STREET, APT. 20 MIAMI, FL 33125

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IN THIS SPACE**

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

Date

Daytime Phone #

6-30-04 (305) 420-4158