


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 008 ****61.25

DOCUMENT # 734006 1. Entity Name BILTMORE CLUB VILLAS TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2409 NW 11 STREET MIAMI, FL 33125	Mailing Address 4114 N.W. 4TH TERRACE MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1682982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDEROS, RALPH 4114 N.W. 4TH TERRACE MIAMI, FL 33126

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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.

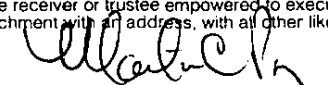
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/15/08** **(305) 420-4158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #