

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735919

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: BELLEVIEW BILTMORE VILLAS-BAYGREEN, INC.

**Current Principal Place of Business:**

50 COE RD  
BELLEAIR, FL 34616

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**New Mailing Address:**

FEI Number: 59-1690412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, DOROTHY  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MURPHY, ED  
Address: 50 COE RD. #126  
City-St-Zip: BELLEAIR, FL 33756

Title: PD ( ) Delete  
Name: GOSS, WILLIAM  
Address: 50 COE RD., #314  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: O'BRIEN, CHARLES  
Address: 50 COE RD APT #312  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: WAYLAND, BON  
Address: 50 COE RD # 333  
City-St-Zip: BELLEAIR, FL 33756

Title: TD ( ) Delete  
Name: LAWS, CLARA  
Address: 50 COE ROAD, #224  
City-St-Zip: BELLEAIR, FL 33756

Title: PD ( ) Delete  
Name: HALL, EARL  
Address: 50 COE RD., #317  
City-St-Zip: BELLEAIR, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: HOIERMAN, JOAN  
Address: 50 COE RD., #331  
City-St-Zip: BELLEAIR, FL 33756

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: JOAN HOIERMAN

PD

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date