

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737310 (3)

1. Corporation Name
BILTMORE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**600 BILTMORE WAY
CORAL GABLES FL 33134**

Mailing Address
**600 BILTMORE WAY
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
11/16/1976

3a. Date of Last Report
04/19/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

4. FEI Number
59-1700590

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOWLING, J. W. JR.
600 BILTMORE WAY
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FRAZIER, HOMER JR
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RUSSO, EDMUND
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	M McNULTY, PATRICK
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROLLER, RACHEL
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	OSMAN, LOIS
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DUBREUIL, GEORGE
STREET ADDRESS	600 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bauer, Paul
3.3 STREET ADDRESS	600 Biltmore Way
3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-24-96 (305) 448-4765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)