

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**600 BILTMORE WAY CORAL GABLES FL 33134**      **600 BILTMORE WAY CORAL GABLES FL 33134-7541**

3. Date Incorporated or Qualified **11/16/1976**      3a. Date of Last Report **04/30/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-1700590</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOWLING, J. W. JR. 600 BILTMORE WAY CORAL GABLES FL 33134</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZIER, HOMER JR</b>	1.2 NAME	
STREET ADDRESS	<b>600 BILTMORE WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, EDMUND</b>	2.2 NAME	
STREET ADDRESS	<b>600 BILTMORE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUER, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>800 BILTMORE WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROLLER, RACHEL</b>	4.2 NAME	<b>D FREDERICK SMITH</b>
STREET ADDRESS	<b>600 BILTMORE WAY</b>	4.3 STREET ADDRESS	<b>600 BILTMORE WAY</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSMAN, LOIS</b>	5.2 NAME	
STREET ADDRESS	<b>600 BILTMORE WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUBREUIL, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>600 BILTMORE WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* SECRETARY **4/29/97** **305-448-4765**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027114

CR2E037 (9/96)