FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737310

1. Corporation Name****

BILTMORE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busine	SS
600 BILTMORE WAY	•
CORAL CARLES EL 20124	

Mailing Address

600 BILTMORE WAY CORAL GABLES FL 33134

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90184 005 ****61.25



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2. Principal P	Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 11/16/1976							
21		26						, , ,	1000				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number 59-1700590		-		ied For		
22		27				33 1700390					Applicable		
City & Stat	6 → em t = 1 × 1 × 1 × 1 × 1 × 1	City & State			-	5. Certificate of Status Desired				/ 5 Ad se Req	ditional		
23		28											
Zip	Country	Zip Cou				6. Election Campaign Financing			\$5.00 May Be				
24	25 29 30				Trust Fund Contribution						Added to Fees		
	9. Name and Address of Current		ļ.,,	10. Name and Address of New Registered Agent									
				81	Name	me ·							
BOWLING, J. W. JR.				82 Street Address (P.O. Box Number is Not Acceptable)									
600 BILTMORE WAY						, , , , , , , , , , , , , , , , , , , ,							
	ABLES FL 33134			83	,								
COIDE G	DE20 1 2 0010 1			-	0.4				TosT	Zip Co	odo.		
				84	City			FL	85	Zip Ot	,ue		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Stat	utes, the a	bove	-named c	corporation submits	this statement for	the purpose of	changi	ng its re	gistered		
office or r	egistered agent, or both, in the State of	i Hiorida. Such change was	autnonzeo	ועסום	tne corpo	ration's board of dir	ectors. I hereby ac	cept the appoi	ntment	as regi	stered		
agent. I a	m familiar with, and accept the obligation	ons or, Section 617.0000, F	ionda Stat	ules.					,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NO	TF: Registered	Agent	t signatura red	quired when reinstating)		DATE					
12.	OFFICERS AND		13.				S/CHANGES TO	OFFICERS AN	D DIRE	CTOR	S IN 12		
TITLE	SD	31110211071110		TITLE			·		Ch	ange	☐ Addition		
NAME				12 NAME					٠,				
	·			1.3 STREET ADDRESS				•					
STREET ADDRESS	••• =								•				
CITY-ST-ZIP	CORAL GABLES FL VD			1.4 CITY-ST-ZIP 2.1 TITLE		1/0			K1 Ch	ange	Addition		
TITLE	110					VD	244444	•	_				
NAME	RUSSO, EDMUND		- 5	2.2 NAME		VICEVICH, BARBARA 600 BILTMORE WAY							
STREET ADDRESS						CORAL GABLES, FL 33134							
CITY-ST-ZIP	CORAL GABLES FL					COKAL GA	DLEU, IL	7/77	□ Ch	2000	Addition		
TITLE	D DELETE			3.1 TITLE					L. 011	aligo	Addition		
NAME	BAUER, PAUL		3.2 N	3.2 NAME		•							
STREET ADDRESS	600 BILTMORE WAY			TRÉET	ADDRESS								
CITY-ST-ZIP				TY-S	T-ZIP								
TIFLE	D ·	☐ DELETE	4,1 स	TLE	ŀ		٠		Ch	ange	☐ Addition		
NAME	SMITH, FREDERICK		4. 2 N	AME						•			
STREET ADDRESS	600 BILTMORE WAY		4.3 S	TREET	ADDRESS					•			
CITY-ST-ZIP	CORAL GABLES FL		4.4 C	ITY-ST	-ZIP								
TITLE	TD	☐ DELETE	5.1 TI	n.e					Ch	ange	Addition		
NAME	OSMAN, LOIS		5.2 N	AME									
STREET ADDRESS	600 BILTMORE WAY		5.3 S	TREET	ADDRESS								
CITY-ST-ZIP	CORAL GABLES FL		5.4 C	ITY-ST	r-ZIP			5 <u>7</u>					
TITLE	PD	☐ DELETE	6.1 ∏	TLE					Ch	ange	☐ Addition		
NAME	DUBREUIL, GEORGE		6.2 N	AME			•	•					
	OOO DUTHOOF WAY		6.3 S	TREET	ADDRESS								
STREET ADDRESS	CODAL CARLES EL												

1 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, 90 on an attachment with an address, with all other like empowered.

GNATURE: GRAND WIFE AND WIFE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

MZEUS/ (11/30)