2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

Solid Name Sol	DOCUMENT # 737310 1. Entity Name BILTMORE II CONDOMINIUM ASSOCIATION, INC.									03-07-2005	90282 04	10 ****61.	25
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & Cit	600 BILTMORE WAY 600				600 BILTMORE WAY				# 18 1 1811	1 111f1 1 7100 11 70 11 0 11)/
City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Andional For Required For Requir	2. Principal Place of Business			3. Mail	3. Mailing Address								
Zip Country Zip Country	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01042005	Chg-NP	CR2E0	37 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 6. 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 time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept time chigations of registered agent, or both, in	City & State			Cit	City & State								<u> </u>
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BOWLING, J. W. JR. 600 BILTMORE WAY CORAL GABLES, FL 33134 City FL Zip Code		6. Name	and Address of Curre	nt Registere	d Agent				7. Name and	Address of Nev	Registered	Agent	
CORAL GABLES, FL 33134 City FL Zip Code 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 SIGNATURE								ddress (f	P.O. Box Numbe	er is Not Accenta	hle)		
B. 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 Signature typed or priving name of inglistered agent and the it applicable. (NOTE: flogstered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: flogstered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: flogstered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: flogstered Agent signature registered agent. NOTE: flogstered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: flogstered agent. NOTE: flogstered Agent signature registered agent. NOTE: flogstered							0.100171						
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Signature, typed or printed hame of legistered Agent and title 8 anoticable. (NOTE: Registered Agent signature required when reinstabling) S\$5.00 May Be Added to Fees Make check payable to Florida Department of State	SIGNATURE .												
Due by May 1, 2005 Trust Fund Contribution.		Signature typed											
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12. I 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fe Due by N SD FRAZIER 600 BILTN CORAL G YAGODA 600 BILTN CORAL G VP LINLEY, E 600 BILTN MIAMI, FL D MILLER 600 BILTN CORAL G D HERNANI 600 BILTN CORAL G	OFFICERS AND I OFFICERS AND I	and a deal of	9. Election Car Trust Fund C	TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	VIC PR TRE ROB GOOK CORK DIR NAI	\$5.00 May B Added to Fees ADDITIONS/CH/ E PRRS 65 DEM ASURER ERT PE BLLTMOI ECTOR NCY HE DILTM	ANGES TO OFFIN	Make checlorida Depa	rtment of Si IRECTORS IN Change Change Change Change	tate 1 10 Addition Addition Addition Addition
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