

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90282 040 \*\*\*\*61.25

**DOCUMENT # 737310**

1. Entity 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**

**50023211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1700590**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWLING, J. W. JR.  
600 BILTMORE WAY  
CORAL GABLES, FL 33134**

Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME FRAZIER, HOMER JR  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME YAGODA, ANDREW  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP** LINLEY, BARRIE  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D MILLER, DONALD  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS **ROBERT PESQUEIRA**  
**600 BILTMORE WAY**  
**CORAL GABLES FL. 33134**

TITLE ☒ Delete  
NAME D HERNANDEZ, WANDA  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **NANCY HESTER**  
**600 BILTMORE WAY**  
**CORAL GABLES, FL. 33134**

TITLE ☒ Delete  
NAME PD DUBREUIL, GEORGE  
STREET ADDRESS 600 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **MIGUEL FERNANDEZ**  
**600 BILTMORE WAY**  
**CORAL GABLES, FL. 33134**

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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**HOMER C. FRAZIER, JR.**

**3/10/05 305-448-4165**