2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #737310**

FILED Mar 06, 2007 8:00 am Secretary of State

1. Entity Name BILTMOR	E II CONDOMINIUM ASS	OCIATION, INC.			03	-06-2007 9000:	2 046 ****61.	25	
600 BILTMORE WAY			Mailing Address 600 BILTMORE WAY CORAL GABLES, FL 33134			3 V V M V V U U			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007 C	hg-NP C	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-170059	90		Applied For Not Applicable	
Zip Country Z		Zip	ip Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ROGEL, DAVID H BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FL				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
CORAL GA	ABLES, FL 33134								
				City			FL Zip C		
the obligati	named entity submits this statement ions of registered agent.					The State of Florida		ui, and accept	
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature req	quired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election	9. Election Campaign Financing Trust Fund Contribution.		4= 00	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
j	Due by May 1, 2007	Trust Fu							
10.	Due by May 1, 2007 OFFICERS AND D					Florida	Department of	State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

QUELTIFOLD

2/28/07

305-448-4765

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT DOCUMENT# 737310 BILTMORE II CONDOMINIUM ASSOCIATION, INC. 40029853 Principal Place of Business Mailing Address **600 BILTMORE WAY** 600 BILTMORE WAY CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1700590 Applied For City & State City & State Not Applicable Zip Country Country Zip \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGEL, DAVID H Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FL CORAL GABLES, FL 33134 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Fiorida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE X Change ☐ Addition RIOUL GARCIA-VIDAL GARCIA, VIDAL R NAME STREET ADDRESS **600 BILTMORE WAY** STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP CORAL GABLES, FL 33134 Change ☐ Addition ☐ Delete TITLE TITLE YAGODA, ANDREW NAME NAME 600 BILTMORE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP ☐ Delete TITLE **K** Change ☐ Addition LINLEY, BARRIE NAME NAME **600 BILTMORE WAY** STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33134 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE PESQUEIRA, ROBERT NAME NAME STREET ADDRESS 600 BILTMORE WAY STREET ADDRESS CITY-ST-ZIE CORAL GABLES, FL 33134 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Agustin de Goytisolo GOO BILTMORY WAY CORAL BABLES FL. 33134 NAME HESTER, NANCY NAME STREET ADDRESS 600 BILTMORE WAY STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Delete D TITLE TITLE Beatriz Cosculluela 600 Biltmore Way FERNANDEZ, MIGUEL NAME NAME **600 BILTMORE WAY** STREET ADDRESS STREET ADDRESS CORAL GABES, FL 33134 CITY-ST-ZIP Cord Gables A. 033134 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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