

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744503

FILED
Apr 07, 2009
Secretary of State

Entity Name: BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-4 BELLEVIEW BLVD., INC.

Current Principal Place of Business:

7300 PARK STREET
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-1574305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, DEBRA A
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MIELCAREK, DARLENE
Address: 4 BELLEVIEW BLVD #201
City-St-Zip: BELLEAIR, FL 33756

Title: PD () Delete
Name: THOMPSON, DON
Address: 4 BELLEVIEW BLVD., #301
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: MANN, FRANK
Address: 4 BELLEVIEW BLVD #807
City-St-Zip: BELLEAIR, FL 33756

Title: SD () Delete
Name: PICKETT, BERNICE
Address: 4 BELLEVIEW BLVD SUITE 306
City-St-Zip: BELLEAIR, FL 33756

Title: TD () Delete
Name: CROMER, LIL
Address: 4 BELLEVIEW BLVD #205
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PICKETT, BERNICE
Address: 4 BELLEVIEW BLVD SUITE 306
City-St-Zip: BELLEAIR, FL 33756

Title: T/S (X) Change () Addition
Name: CROMER, LIL
Address: 4 BELLEVIEW BLVD #205
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON THOMPSON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date