2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751183

FILED Apr 08, 2009 Secretary of State

Entity Name: BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-6 BELLEVIEW BLVD., INC.

Current Principal Place of Business: New Principal Place of Business:

7300 PARK ST LARGO, FL 33777

Current Mailing Address: New Mailing Address:

7300 PARK ST LARGO, FL 33777

FEI Number: 59-2073067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINHART, DEBRA 7300 PARK ST SEMINOLE, FL 33777

OFFICERS AND DIRECTORS:

VD

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:

Title:

Date

Title:

Electronic Signature of Registered Agent

US

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCARTHUR, MARY ANN MCARTHUR, MARY ANN Name: Name: 6 BELLEVIEW BLVD #308 Address: 6 BELLEVIEW BLVD #308 Address:

City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

(X) Change () Addition BASCOM, BILL Name: BASCOM, BILL Name:

Address: 6 BELLEVIEW BLVD #504 Address: 6 BELLEVIEW BLVD #504 City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

Title: () Delete Title: (X) Change () Addition SCHNOBRICH, JOEY MCDONALD, WINSTON Name: Name:

6 BELLEVIEW BLVD. #102 6 BELLEVIEW BLVD. #803 Address: Address: City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

Title: () Delete Title: (X) Change () Addition HANSON, DORIS Name: HANSON, DORIS

Name: Address: 6 BELLEVIEW BLVD #803 Address: 6 BELLEVIEW BLVD #803 City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: BELLEAIR, FL 33756

Title: () Delete Title: () Change (X) Addition

HOOVER, GWEN Name: Name: 6 BELLEVIEW BLVD #108 Address: Address: City-St-Zip: 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: GWEN HOOVER Ρ 04/08/2009