

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758043

FILED
Mar 23, 2009
Secretary of State

Entity Name: BILTMORE COURT VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2600 CARDENA ST
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 566171
PINECREST, FL 33256 US

New Mailing Address:

FEI Number: 59-2238628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYS, MARGARITA R
11900 SW 73 AVE
PINECREST, FL 33156 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: S () Delete
Name: CELSA, OLIVA
Address: 2600 CARDENA VILLA 15
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ASAT () Delete
Name: MARGARITA R HAYS,
Address: 11900 SW 73 AVE
City-St-Zip: PINECREST, FL 33156 US

Title: PD () Delete
Name: MANNIS, SANDRA
Address: 2600 CARDENA ST VILLA 12
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPD () Delete
Name: THOMSON, JOHN M
Address: 2600 CARDENA ST VILLA 3
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TD () Delete
Name: MILLER, JOAN
Address: 2600 CARDENA ST VILLA 2
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: CALDWELL, ALLEN
Address: 2600 CARDENA ST PH3
City-St-Zip: CORAL GABLES, FL 33134 US

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: () Change () Addition
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City-St-Zip:

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

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

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: MARGARITA R HAYS

Electronic Signature of Signing Officer or Director

ASAT

03/23/2009

Date