

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764600

FILED
Mar 24, 2009
Secretary of State

Entity Name: BELLEVIEW BILTMORE VILLAS-OAKS-150 BELLEVIEW BLVD., INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-2235207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: PD () Delete
Name: WACHOB, TOM
Address: 150 BELLEVIEW BLVD #505
City-St-Zip: BELLEAIR, FL 33756

Title: VPD () Delete
Name: DOUGHERTY, ROBERT
Address: 150 BELLEVIEW BLVD. #705
City-St-Zip: BELLEAIR, FL 33756

Title: TD () Delete
Name: SCHROTH, JUDITH
Address: 150 BELLEVIEW BLVD., #208
City-St-Zip: BELLEAIR, FL 33756

Title: SD () Delete
Name: PHILLIPS, GAIL
Address: 150 BELLEVIEW BLVD., #204
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: HEDBERG, ROGER
Address: 150 BELLEVIEW BLVD., #107
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: FLAIG, ELLEN
Address: 150 BELLEVIEW BLVD., #603
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: () 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: TOM WACHOB

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date