

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jamie

FILED
Mar 28, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|------------------------------------|--|--|--|--|
| DOCUMENT # N01000003264 1. Entity Name BILTMORE HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4400 NW 36TH AVE. GAINESVILLE FL 32606 | | | | Mailing Address 4400 NW 36TH AVE. GAINESVILLE FL 32606 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3608501 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MANAGEMENT SPECIALISTS 4400 NW 36 AVE. GAINESVILLE FL 32606 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BETZ, JAMES | | NAME | | |
| STREET ADDRESS | 12901 SW 31ST AVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | ARCHER FL 32618 | | CITY- ST- ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LOWERY, JOSEPH | | NAME | | |
| STREET ADDRESS | 7731 SW 43 PL | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEWBERRY FL 32669 | | CITY- ST- ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEVENSON, ROSEMARY | | NAME | | |
| STREET ADDRESS | 11006 SW 27 AVENUE | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEWBERRY FL 32669 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BALCH, KYLE | | NAME | | |
| STREET ADDRESS | 13200 W NEWBERRY RD APT 8142 | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEWBERRY FL 32669 | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TRIMBLE, TRISH | | NAME | | |
| STREET ADDRESS | 11009 SW 27 AVE | | STREET ADDRESS | | |
| CITY- ST- ZIP | NEWBERRY FL 32669 | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Jamie C Betz</i> | | | Date: <i>3/15/05</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable

FL Zip Code

000000278287 ☐ Change ☐ Addition
03/28/05-80019-017 61.25

☐ Change ☐ Addition

Daytime Phone #