

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 012 ****61.25

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**

00019465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

04-3608501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BETZ, JAMES	
STREET ADDRESS	12901 SW 31ST AVE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOWERY, JOSEPH	
STREET ADDRESS	7731 SW 43 PL	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, ROSEMARY	
STREET ADDRESS	11006 SW 27 AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALCH, KYLE	
STREET ADDRESS	13200 W NEWBERRY RD APT 8142	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIMBLE, TRISH	
STREET ADDRESS	11009 SW 27 AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Learn, Ron	
STREET ADDRESS	10904 SW 27 Ave	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Godet, Eric	
STREET ADDRESS	10702 SW 27 Ave	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

James C Betz *Pres/Kreas 4/28/06 (352) 318-8383*