

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003264

FILED
Jan 18, 2008
Secretary of State

Entity Name: BILTMORE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 NW 36TH AVE.
GAINESVILLE, FL 32606

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

4400 NW 36TH AVE.
GAINESVILLE, FL 32606

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

FEI Number: 04-3608501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT SPECIALISTS
4400 NW 36 AVE.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT (X) Delete
Name: BETZ, JAMES
Address: 12901 SW 31ST AVE
City-St-Zip: ARCHER, FL 32618

Title: V () Delete
Name: LOWERY, JOSEPH
Address: 7731 SW 43 PL
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: LEARN, RON
Address: 10904 SOUTHWEST 27 AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: GODET, ERIC
Address: 10702 SOUTHWEST 27 AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: TRIMBLE, TRISH
Address: 11009 SW 27 AVE
City-St-Zip: NEWBERRY, FL 32669

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
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: JOSEPH LOWERY

V

01/18/2008

Electronic Signature of Signing Officer or Director

Date