

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003264

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: BILTMORE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

## New Mailing Address:

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

## Name and Address of New Registered Agent:

CONNER, SARAH AGENT  
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: SARAH CONNER, AGENT

04/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOWERY, JOSEPH  
Address: 7731 SW 43 PL  
City-St-Zip: NEWBERRY, FL 32669

Title: T (X) Change ( ) Addition  
Name: LEARN, RON  
Address: 10904 SOUTHWEST 27 AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP (X) Change ( ) Addition  
Name: GODET, ERIC  
Address: 10702 SOUTHWEST 27 AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition  
Name: WATERS, TOMMY  
Address: 5225 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Change (X) Addition  
Name: LEVINGS, ALBERT S  
Address: 11167 SW 27TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

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 LOWRY

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date