2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N03000006476 01-22-2007 90108 045 ****61.25 BILTMORE CENTER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1928 SW BILTMORE ST 1928 SW BILTMORE ST PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1935 Macedo Blvd 1935 Macedo Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Cha-NP CR2E037 (12/06) 4. FEI Number 32-0139880 City & State City & State Applied For Port St Lucie, FL Port St Lucie, FL Not Applicable Coff **Figuritry** \$8.75 Additional 34984 34984 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sandra Gorney TUBITO, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 1928 SW BILTMORE ST PORT ST LUCIE, FL 34984 Port St Lucie, 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete Tubito, Nicholas TUBITO, NICHOLAS NAME NAME 1551 SE S Niemeyer Cir 1928 SW BILTMORE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34984 CITY-ST-ZIP Port St Lucie, Fl 34952 TITLE ☐ Delete TITL F Change ☐ Addition GORNEY, SANDY NAME NAME STREET ADDRESS STREET ADDRESS 1935 MECO ST CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 exemptions contained 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 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 pher tike empowered.

GNING OFFICER OF DIRECTOR

FILED

Jan 22, 2007 8:00 am