

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N03000006476**

1. Entity Name  
**BILTMORE CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1935 MACEDO BLVD  
PORT SAINT LUCIE, FL 34984**

Mailing Address  
**1935 MACEDO BLVD  
PORT SAINT LUCIE, FL 34984**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0139880**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GORNEY, SANDRA  
1935 MACEDO BLVD  
PORT SAINT LUCIE, FL 34984**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TUBITO, NICHOLAS  
1551 SE SOUTH NIEMEYER CIR  
PORT SAINT LUCIE, FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GORNEY, SANDY  
1935 MECO ST  
PORT SAINT LUCIE, FL 34984**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000789454  
01/22/08-80025-020 61.25

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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sandra Gorney* **Sandra Gorney** 1/15/08 772-340-4339