

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000002008**

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



Principal Place of Business  
**615 SW BILTMORE STREET  
PORT ST. LUCIE, FL 34983**

Mailing Address  
**615 SW BILTMORE STREET  
PORT ST. LUCIE, FL 34983**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-3043315**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**CORNETT, GOOGE & ASSOCIATES, P.A.  
401 E. OSCEOLA STREET  
STUART, FL 34994**

**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 reappointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WOHLFARTH, RICHARD
STREET ADDRESS	615 SW BILTMORE STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	VP
NAME	PIAZZA, ALEXANDER J
STREET ADDRESS	619 SW BILTMORE STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	ST
NAME	BUTLER, ELIZABETH L
STREET ADDRESS	615 SW BILTMORE STREET
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000599869  
01/25/07-80044-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Elizabeth L Butler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2007 772-408-1050  
Date Daytime Phone #