

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

**FILED**  
**Jan 28, 2008 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**



01242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3043315**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**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 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

000000800883  
01/31/08-80035-007 70.00

**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	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/08** **561-736-4900**

Date

Daytime Phone #