2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008653

1. Entity Name



FILED Jul 28, 2008 8:00 am Secretary of State

07-28-2008 90032 016 ****61.25

SAVE THE BILTMORE PRESERVATIONISTS, INC.													
Principal Place of Business 30617 U.S. HIGHWAY 19 NORTH #420 PALM HARBOR, FL 34684		Mailing Address 30617 U.S. HIGHWAY 19 NORTH #420 PALM HARBOR, FL 34684					1 /25/HIN BIY BUKE	a lun ab fili ab hi ab h		HIS ONE SHED U	EUBL BI INTI		
2. Principal Place of Business - No P.O. Box # 3. M				Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07232008 CI	ng-NP	CR2E0	37 (12/06)		
City & State			City	City & State				4. FEI Number NOT APPLI	CABLE		 	plied For at Applicable	
Zip	Country		Zip	Zip Cou		ntry		5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current	Registered	l Agent				7. Name and Add	ress of New R	egistered	Agent		
RALIMAN IAMES W						Name .							
BAUMAN, JAMES W 1008 DREW STREET CLEARWATER, FL 33755				Street A			ess (P	ess (P.O. Box Number is Not Acceptable)					
				City						FL	Zip Code	e	
L	named entit	ty submits this statement fo	or the purpo	se of changing its re	egister	ed office or reg	gistere	ed agent, or both, in	the State of Flo		familiar with,	and accept	
SIGNATURE .		d or printed name of registered agent	and title if appli	cable. (NOTE:	Registere	d Agent signature re	equired v	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by September 12, 2008											1	
D	_			9. Election Camp Trust Fund Co	•			\$5.00 May Be Added to Fees	,		k payable to trnent of Si	,	
D .	_		RECTORS		•			\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor	ida Depar	tment of Si	tate	
10. ΠΤΙ.Ε	PRES	officers and dif	RECTORS		11.	on.		Added to Fees	Flor	ida Depar	tment of Si	tate	
10. TITLE NAME	PRES HEIN, DIA	officers and dif		Trust Fund Co	11.	on.		Added to Fees	Flor	ida Depar	tment of SI	tate	
10. TITLE NAME STREET ADDRESS	PRES HEIN, DIA 30617 U.S	officers and dif ANE S. 19 NORTH, SUITE 4		Trust Fund Co	11. TITU	on.		Added to Fees	Flor	ida Depar	tment of SI	tate	
10. TITLE NAME STREET ADDRESS CITY-SY-ZIP	PRES HEIN, DIV 30617 U.S PALM HA	officers and dif		Trust Fund Co	11. TITLI NAM STRE	on. E E E T ADDRESS -ST-ZIP		Added to Fees	Flor	ida Depar	RECTORS IN Change	I 10 Addition	
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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:

resident 7-23-08