

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16751 (2)**
1. Corporation Name
THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **C/O P & M MANAGEMENT, 400 SW 107TH AVE, MIAMI FL 33174 US**
Mailing Address: **P.O. BOX 430884, MIAMI FL 33243-0884**

3. Date Incorporated or Qualified: **09/11/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0045050**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SKRLD, INC., 201 ALHAMBRA CIRCLE, SUITE 1102, MIAMI FL 33134**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/20/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: QUINONES, NERY	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 110 N.W. 85TH CT.	CITY-ST-ZIP: MIAMI FL 33126	12 NAME:	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	
TITLE: TD	NAME: BATLLE, BELEN	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 231 NW 85TH COURT	CITY-ST-ZIP: MIAMI FL 33126	22 NAME:	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: SD	NAME: GARCIA, JOHN	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 228 N.W. 85TH CT.	CITY-ST-ZIP: MIAMI FL 33126	32 NAME:	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: D	NAME: QUINONES, NERY	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 110 NW 85 CT	CITY-ST-ZIP: MIAMI FL	42 NAME:	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/8/96**

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