

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90126 009 ****61.25

DOCUMENT # N16751

1. Entity Name

THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O P & M MANAGEMENT #312
 400 SW 107TH AVE.
 MIAMI FL 33174
 US

P.O. BOX 960656
 MIAMI FL 33296-0656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0045050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASO, CARLOS R
1300 CORAL WAY
STE 301
MIAMI FL 33145

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	QUINONES, NERY	110 N.W. 85TH CT. MIAMI FL 33126				
	TD	MURQUIA, CARLOS	237 NW 85 COURT MIAMI FL 33126		TSD		
	SD	ISAZA, MARIA P	8530 NW 1 TERRACE MIAMI FL 33126		VPD		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]*

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16751

1. Entity Name

THE BILTMORE AT CORAL LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O P & M MANAGEMENT #312
400 SW 107TH AVE.
MIAMI FL 33174
US

Mailing Address

P.O. BOX 960656
MIAMI FL 33296-0656

*Attachment
B0132342*

2. Principal Place of Business

C/O ALVAREZ & ASSOCIATES

3. Mailing Address

Suite, Apt. #, etc.
1985 NWJ 88 CT # 201

Suite, Apt. #, etc.

City & State
MIAMI-FL

City & State

Zip
33172

Country
US

Zip

Country

4. FEI Number

65-0045050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASO, CARLOS R
1300 CORAL WAY
STE 301
MIAMI FL 33145

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	QUINONES, NERY	110 N.W. 85TH CT.	MIAMI FL 33126	<input type="checkbox"/>
TD	MURQUIA, CARLOS	237 NW 85 COURT	MIAMI FL 33126	<input type="checkbox"/>
SD	GAZA, MARIA	8530 NW 1 TERRACE	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TSD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VPD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CF2E037 (9/01)

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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 persons empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2002

305-597-9767

Date

Daytime Phone #



Attachment #
Document #
N16751
B0130342

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 5, 2002

BILTMORE AT CORAL LAKES HOA, INC.
PO BOX 960656
MIAMI, FL 33296-0656

Subject: **BILTMORE AT CORAL LAKES HOA, INC.**

Reference Number: **000000754068**

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/BG
ANNUAL REPORTS SECTION