2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31455

FILED Mar 25, 2009 Secretary of State

Entity Name: THE BILTMORE REGENT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9000 SW 152 ST. 721 BILTMORE WAY

CORAL GABLES, FL 33134 STE 102 US MIAMI, FL 33157

New Mailing Address: Current Mailing Address:

9000 SW 152 ST. STE 102

MIAMI, FL 33157 US

FEI Number: 65-0179381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE FOSTER COMPANY 9000 SW 152 ST. STE 102 MIAMI, FL 33157 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete DARNELL, GEORGE M DARNELL, GEORGE M Name: Name: 721 BILTMORE WAY #902 Address: 721 BILTMORE WAY #902 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete Title: (X) Change () Addition

WHITE, ROBERT B Name: GUNTER, CALEB Name: Address: 721 BILTMORE WAY #1201 Address: 721 BILTMORE WAY #702 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: (X) Delete Title: () Change () Addition

PERDOMO, JUAN M.D. Name: Name: 721 BILTMORE WAY #401 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

(X) Change () Addition Title: ST () Delete Title: STD

JUNCOSA, LISETTE Name: JUNCOSA, LISETTE Name: Address: 721 BILTMORE WAY #802 Address: 721 BILTMORE WAY #802 City-St-Zip: CORAL SPRINGS, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: (X) Change () Addition

SILBER, NORMAN SILBER, NORMAN J Name: Name: 721 BILLMORE WAY #202 721 BILLMORE WAY #202 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN J. SILBER Ρ 03/25/2009