## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002301

FILED Apr 22, 2008 Secretary of State

Entity Name: THE BILTMORE AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
8473 BAY NAPLES, I	COLONY DR FL 34108	VE JS			
Current Mailing Address:			New Mailing Ac	New Mailing Address:	
8473 BAY NAPLES, I	COLONY DR FL 34108	IVE US			
FEI Number:	: 65-0581735	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Addi	ress of New Registered Agent:	
BECKER & POLIAKOFF P.A. BANK OF AMERICA CENTER 4501 TAMIAMI TRAIL N., SUITE 214 NAPLES, FL 341030000 US			EMERALD LAKE 3111 STIRLING FORT LAUDERI	BECKER & POLIAKOFF P.A. EMERALD LAKE CORPORATE PARK 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE:				04/22/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	WARDEBERG	LONY DRIVE #1704	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SCANLON, E	LONY DRIVE #1604	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	PELTZ, BEN	) Delete LONY DRIVE #1901 34108	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	HAHN, GINA	) Delete LONY DRIVE #2001 34108	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LORENTZ, CA	LONY DRIVE #904	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	LARSEN, RAL	LONY DRIVE #2202	Title: Name: Address: City-St-Zip:	()Change()Addition	

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: JOSE A. TIRADO MGR 04/22/2008