

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737310

Entity Name: BILTMORE II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**600 BILTMORE WAY
CORAL GABLES, FL 33134**Current Mailing Address:**600 BILTMORE WAY
CORAL GABLES, FL 33134**FEI Number:** 59-1700590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGEL, DAVID H
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FL
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MCKINLEY, TERENCE
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	PUIG, JUAN
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	SHWEDEL, GINNY
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	COSCULLUELA, BEATRIZ
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	BEITZ, WILLIAM
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ABADIA, MARIA DEL PILAR
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	FUSTER, JOSE
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: GINNY SHWEDEL**SECRETARY****03/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date