

2025 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 US**FEI Number:** 59-1700590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGEL, DAVID H, ESQ
2525 PONCE DE LEON BLVD
SUITE 825
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	LACAYO, RONALD
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	MARTINEZ-MOLINA, ALEIDA
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL 33134

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

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

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

Title	DIRECTOR
Name	KLOCK, SUSAN
Address	600 BILTMORE WAY
City-State-Zip:	CORAL GABLES FL

Title	DIRECTOR
Name	HERNANDEZ, MARTHA
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: RONALD LACAYO

PRESIDENT

03/11/2025

Electronic Signature of Signing Officer/Director Detail_____
Date