

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737310

**FILED**  
**Mar 09, 2020**  
**Secretary of State**  
**5711332954CC**

**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           ANDING, ERIN  
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           VP  
Name           MCKINLEY, TERRANCE  
Address       600 BILTMORE WAY  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title           DIRECTOR  
Name           MOLINO, AMADEO  
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:** ERIN ANDING

**PRESIDENT**

**03/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date