FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714544 (4)

1. Corporation Name

PORT BELLEAIR NO. 1, INC.

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 34621 US	2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 34621 US

3. Date Incorporated or Qualified: 05/03/1968
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2418331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD.
SUITE #114
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LLOYD JEANNETTE		12 NAME		
STREET ADDRESS	155 BLUFFVIEW DR. #306		13 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL		14 CITY-ST-ZIP		
TITLE	VD	XX DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MANGANARO, RICHARD		22 NAME		
STREET ADDRESS	155 BLUFFVIEW DR. #302		23 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE	PD	XX Change ☐ Addition
NAME	PERKINS, RAYMOND		32 NAME	BENFIELD, WILLIAM	
STREET ADDRESS	155 BLUFFVIEW DR. #108		33 STREET ADDRESS	155 BLUFFVIEW DRIVE #107	
CITY-ST-ZIP	BELLEAIR BLUFFS FL		34 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE		☐ DELETE	41 TITLE	D	☐ Change XX Addition
NAME			42 NAME	WARNER, PAULINE	
STREET ADDRESS			43 STREET ADDRESS	155 BLUFFVIEW DRIVE #304	
CITY-ST-ZIP			44 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE		☐ DELETE	51 TITLE	D	☐ Change XX Addition
NAME			52 NAME	McNEER, CLINTON	
STREET ADDRESS			53 STREET ADDRESS	155 BLUFFVIEW DRIVE #308	
CITY-ST-ZIP			54 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeannette P. Lloyd JEANNETTE L. LLOYD 4/8/96 (813) 585-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #