2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90162 001 ****61.25

DOCUMENT # 714544

1. Entity Name

PORT BELLEAIR NO. 1, INC.

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 33761 US	2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 33761 US

2. Principal Place of Business	3. Mailing Address
c/o Infiniti Prop. Mgmt.,Inc.	c/o Infiniti Prop. Mgmt.,Inc
Suite, Apt. #, etc. 1301 Seminole Blvd., #110	Suite, Apt. #, etc. 1301 Seminole Blvd., #110
City & State Largo, FL	City & State Largo, FL
Zip / Country 33770 / US	Zip / Country 33770 / US

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

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

6. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD.
SUITE #114
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name: INFINITI PROPERTY MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable): 1301 SEMINOLE BLVD.
SUITE 110
City: LARGO **FL** Zip Code: 33770

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lydia L. Moscato Lydia L. Moscato, President 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, DALE 155 BLUFFVIEW DR BELLEAIR BLUFFS FL	☒ Delete	T/D TOUPONSE, ANGELA 155 BLUFF VIEW DR., #206 BELLEAIR BLUFFS, FL 33770	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, RANI 155 BLUFFVIEW DR #208 BELLEAIR BLUFFS FL 33770	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEDORSYN, RUTH 155 BLUFFVIEW DR #209 BELLEAIR BLUFFS FL 33770	☐ Delete	V/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC HALLIWELL, DOREEN 155 BLUFFVIEW DR # 102 BELLEAIR BLUFFS FL 33770	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHGANARO, NANCY 155 BLUFFVIEW DR # 302 LARGO FL 33770	☐ Delete	MANGANARO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rani Davidson 4-23-04 (727) 584-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #