

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB - 6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716109 (4)
1. Corporation Name
PORT BELLEAIR NO. 2, INC., A CONDOMINIUM

Principal Place of Business Mailing Address
147 BLUFFVIEW DR BELLEAIR BLUFFS FL 34640
147 BLUFFVIEW DR BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1969 3a. Date of Last Report 02/14/1994
4. FEI Number 59-1999383 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSCONE, DANTE
147 BLUFF VIEW DR #402
BELLEAIR BLUFFS FL 34640

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME PRALL, BETTY
STREET ADDRESS 147 BLUFF VIEW DR #309
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

1.1 TITLE Change Addition
D
1.2 NAME Edmund W Straw
1.3 STREET ADDRESS 147 Bluff View Dr #306
1.4 CITY-ST-ZIP Belleair Bluffs FL 34640

D
NAME BOCKHOLT, WILLIAM
STREET ADDRESS 147 BLUFF VIEW DR #201
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
NAME SIMONE, RITA
STREET ADDRESS 147 BLUFF VIEW DR #310
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
NAME LITTLE, SYLVIA
STREET ADDRESS 147 BLUFF VIEW DR #401
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD
NAME MOSCONE, DAN
STREET ADDRESS 147 BLUFF VIEW DR #402
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

SD
NAME LEIPMAN, DORIS
STREET ADDRESS 147 BLUFF VIEW DR #103
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(a), 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:

Dante Moscone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dante Moscone

1/23/95 813
581-1149
Date (Type) Time