

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



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

3. Date Incorporated or Qualified: **02/26/1969**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1999383**
Applied For:
Not Applicable:

22. Suite, Apt. #, etc.: **27**

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

23. City & State: **28**

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

24. Zip: **25** Country: **29** Zip: **30** Country: **30**

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

9. Name and Address of Current Registered Agent
**MOSCONE, DANTE
147 BLUFF VIEW DR #402
BELLEAIR BLUFFS FL 34640**

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: *Dante Moscone*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PRALL, BETTY	
STREET ADDRESS	147 BLUFF VIEW DR #309	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOCKHOLT, WILLIAM	
STREET ADDRESS	147 BLUFF VIEW DR #201	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMONE, RITA	
STREET ADDRESS	147 BLUFF VIEW DR #310	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LITTLE, SYLVIA	
STREET ADDRESS	147 BLUFF VIEW DR #401	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSCONE, DAN	
STREET ADDRESS	147 BLUFF VIEW DR #402	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEIPMAN, DORIS	
STREET ADDRESS	147 BLUFF VIEW DR #103	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Whitfield	
1.3 STREET ADDRESS	147 Bluff View DR #305	
1.4 CITY-ST-ZIP	Belleair Bluffs FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Seymour Rubin	
2.3 STREET ADDRESS	147 Bluff View DR #307	
2.4 CITY-ST-ZIP	Belleair Bluffs FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shirley Straw	
3.3 STREET ADDRESS	147 Bluff View DR #306	
3.4 CITY-ST-ZIP	Belleair Bluffs, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Betty Prall* *Betty Prall Treas* **3/12/96** **813-581-8692**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)