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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-1333
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3. Date Incorporated or Qualified 02/26/1969	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-1999383	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T <i>Treasurer</i> NAME: PRALL, BETTY STREET ADDRESS: 147 BLUFF VIEW DR #309 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: SEWYMOUR, RUBIN STREET ADDRESS: 147 BLUFFVIEW DR 307 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <i>Director</i> 2.2 NAME <i>ROBERT WHITFIELD</i> 2.3 STREET ADDRESS <i>147 Bluffview DR. 305</i> 2.4 CITY-ST-ZIP <i>Belleair Bluffs, FL.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D <i>Director</i> NAME: STRAW, SHIRLEY STREET ADDRESS: 147 BLUFFVIEW DR 306 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD <i>Vice President</i> NAME: LITTLE, SYLVIA STREET ADDRESS: 147 BLUFF VIEW DR #401 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD <i>President</i> NAME: MOSCONE, DAN STREET ADDRESS: 147 BLUFF VIEW DR #402 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD <i>Secretary</i> NAME: LEIPMAN, DORIS STREET ADDRESS: 147 BLUFF VIEW DR #103 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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, Inc.* *2/18/97* *813-581-8642*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049547

CR2E037 (9/96)