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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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**

4. FEI Number: **59-1999383**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 Country

28. Zip Country

24. **33770** 25. 29. **33770** 30.

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: **Robert Whitfield**

82. Street Address (P.O. Box Number is Not Acceptable): **147 Bluffview DR #305**

83.

84. City: **Belleair Bluffs** FL 85. Zip Code: **33770**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Robert Whitfield President** **Robert Whitfield** 3-16-98

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
T	PRALL, BETTY	147 BLUFF VIEW DR #309	BELLEAIR BLUFFS FL	<input type="checkbox"/>
D	WHITFIELD, ROBERT	147 BLUFFVIEW DRIVE STE 305	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>
D	STRAW, SHIRLEY	147 BLUFFVIEW DR 306	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>
VD	LITTLE, SYLVIA	147 BLUFF VIEW DR #401	BELLEAIR BLUFFS FL	<input type="checkbox"/>
PD	MOSCONE, DAN	147 BLUFF VIEW DR #402	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>
SD	LEIPMAN, DORIS	147 BLUFF VIEW DR #103	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	PD	Robert Whitfield	147 Bluffview DR #305		SP	Shirley STRAW	Belleair Bluffs Fl. 33770		D	Doris LEIPMAN	147 Bluffview DR #103												

14. 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 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** **Beth Whitfield** **3/16/98** **813-581-9192**

CR2E037 (10/97)