FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 716109

PORT BELLEAIR NO. 2, INC., A CONDOMINIUM

147 BLUFFVIEW OR BELLEAIR BLUFFS FL 33770 US

Mailing Address

147 BLUFFVIEW OR BELLEAIR BLUFFS FL 33770

FILED

03-10-1999 90058 010 ****61.25

Mar 10, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a.	. Mailing Address					Date Incorporated or Qualified					
21		26						02/26/1969		<u> </u>	T4	ad For	
Suite, Apt. a	¥, etc.	\vdash	Suite, Apt. #, etc.					FEI Number				ied For Applicable	
22		27						59-1999383		60 -		ditional	
City & State	•	\Box	City & State	•		- 3	5.	Certifcate of Status Desired		.	e Req		
23		28					- -				2		
Zip	Country	\vdash	Zip	Cour	ııry		6.	Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
24 25 29 30 30 9. Name and Address of Current Registered Agent													
···		81	Name —	10.	Name and Address of New	regional	Дуон						
						1401116							
WHITFIELD, ROBERT						Street Add	Street Address (P.O. Box Number is Not Acceptable)						
147 BLUFFVIEW DR #305								· · · · · · · · · · · · · · · · · · ·					
	BLUFFS FL 34640				83								
				ŀ	84	City				85	Zip Co	ode	
						•			<u>FI</u>		14 .	-1-1	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 6	617.1508, Florida Statutes,	the ab	ove	-named com	orporation ation's bo	n submits this statement for the pard of directors. I hereby acce	e purpose on the purpose of the purp	न cnangır pintment :	ıg ıts fi as regi	stered stered	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	n FIOR	f, Section 617.0503, Florida	a Statu	ites.	and componen			,		3		
SIGNATURE	,												
SIGNATURE	Signature, typed or printed name of registered agent a				Agent	signature requin	uired when r	reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRE	CTOB	S IN 12	
12.	OFFICERS AND	DIR		13.				ADDITIONS/CHANGES TO OR	-FICERS A	Cha		Addition	
TITLE	T		☐ DELETE	1.1 TIT	LE						n ny c	X Hadison	
NAME	PRALL, BETTY			1.2 NA	ME	1 '	VD	III TAND					
STREET ADORESS	147 BLUFF VIEW DR #309			1.3 ST	REET	ADDRESS 3	5M11 1/17	H, JANE Bluff View Dr	#10	4			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			1.4 CIT	Y-ST	-ZIP	17/	Digit view Di	- π ± ∪				
TITLE	PD		☐ DELETE	2.1 ₹17	LE.	. IB	Ветт	eair Bluffs,	LI.	☐ Cha	ange	Addition	
NAME	WHITFIELD, ROBERT			2.2 NA	ME	Н	HEER	EN, MARY ANN					
STREET ADDRESS			•	2.3 ST	REET			Bluff View Dr	. #20	7			
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770			2. 4 CI	TY-S	1		eair Bluffs.					
IIILL -	SU		DELETE -	3.1 111	LE	- 1	nerr	Carr prari-		~ ⊡ Chi	ange —	Addition	
NAME	STRAW, SHIRLEY			3.2 NA	ME								
STREET ADDRESS	147 BLUFFVIEW DR 306			3.3 ST	REET	ADDRESS			35				
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770			3.4. CI	TY-S	r-zip -							
TITLE	VD		☐ DELETE	4.1 TIT			· · · · · · · · · · · · · · · · · · ·			Ch:	ange	Addition	
NAME	LITTLE, SYLVIA			4. 2 N	AME	Ψ,	<i>)</i> ТММТ	TE CVIVIA		11			
· -	·			4.3 ST	REET	لانا د دا ADDRESS	11.1.1	LE, SYLVIA	#40.				
	T			4.4 CII				Bluff View Dr.					
CITY-ST-ZIP	BELLEAIR BLUFFS FL			5.1 TII		" Be	elle	eair Bluffs, F	1 33	Ch.	ange	Addition	
NAME	D LEIDMAN DODIO			5.2 NA						_			
	LEIPMAN, DORIS			5.3 ST	REET	ADDRESS							
STREET ADDRESS	**** **********************************			5.4 CIT									
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		☐ DELETE	6.1 TIT						☐ Ch:	ange	Addition	
TITLE				6.2 NA									
NAME						ADDDECT					•		
STREET ADDRESS			•			ADDRESS							
CITY-ST-ZiP			filing does not qualify for th	6.4 CI		L	- 0	n 110 07/3\/ii\ Elorida Statutes	I fudbor s	antific the no	tha i-	formation	
	A1E . AL . A AL . 1. E A1												

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 informatic 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 of 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, with all other like empowered.

SIGNATURE:

Betty Prall, Dallreas/