
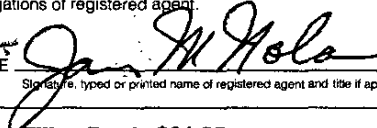
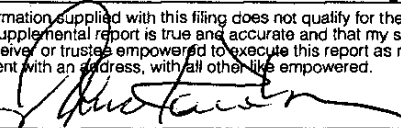


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90505 035 ****61.25

DOCUMENT # 716109 1. Entity Name PORT BELLEAIR NO. 2, INC., A CONDOMINIUM			
Principal Place of Business 147 BLUFFVIEW DR #304 BELLEAIR BLUFFS, FL 33770 US		Mailing Address 147 BLUFFVIEW DR #304 BELLEAIR BLUFFS, FL 33770 US	
2. Principal Place of Business 4174 Woodlands Pkwy		3. Mailing Address 4174 Woodlands Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34685		Country Pinellas	
4. FEI Number 59-1999383		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHNKEN, PAUL 147 BLUFFVIEW DR #304 BELLEAIR BLUFFS, FL 34640		Name First Choice Association Management Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Pkwy City Palm Harbor FL Zip Code 34685	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		James M Nolan 4/21/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME BEHNKEN, PAUL STREET ADDRESS 147 BLUFF VIEW DR #304 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete	TITLE D NAME Behnken, Paul STREET ADDRESS 147 Bluffview Dr. #304 CITY-ST-ZIP Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FEUER, BENJAMIN STREET ADDRESS 147 BLUFF VIEW DR #105 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Delete	TITLE PID NAME Kavunedus, Thomas STREET ADDRESS 147 Bluffview Dr. #401 CITY-ST-ZIP Belleair Bluffs, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CLARIZIO, DONNA STREET ADDRESS 147 BLUFF VIEW DRIVE #310 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Delete	TITLE SID NAME Carney, Tom STREET ADDRESS 147 Bluffview Dr. #108 CITY-ST-ZIP Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SWEET, CONSTANCE STREET ADDRESS 147 BLUFF VIEW DR #402 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete	TITLE D NAME Mackedon, Thomas STREET ADDRESS 147 Bluffview Dr. #302 CITY-ST-ZIP Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KAVUNEDUS, THOMAS STREET ADDRESS 147 BLUFF VIEW DR #401 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete	TITLE VID NAME Wiseman, Jean STREET ADDRESS 147 Bluffview Dr. #209 CITY-ST-ZIP Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SMITH, JANE STREET ADDRESS 147 BLUFF VIEW DR #104 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Thomas Kavunedus 4/13/04 727-581-3146	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	