

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 048 ****61.25

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DOCUMENT # 716109					
1. Entity Name PORT BELLEAIR NO. 2, INC., A CONDOMINIUM					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US			Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
FL					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHNKEN, PAUL		NAME	Thomas Kavunedus	
STREET ADDRESS	147 BLUFF VIEW DR #304		STREET ADDRESS	147 Bluffview #401	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVUNEDUS, THOMAS		NAME	Dean Sherman	
STREET ADDRESS	147 BLUFFVIEW #401		STREET ADDRESS	147 Bluffview Dr. #209	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARREY, TOM		NAME	Ben Berkensley	
STREET ADDRESS	147 BLUFFVIEW DRIVE #108		STREET ADDRESS	147 Bluffview Dr #201	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, CONSTANCE		NAME	Donna Chrisio	
STREET ADDRESS	147 BLUFF VIEW DR #402		STREET ADDRESS	147 Bluffview Dr. #310	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVUNEDUS, THOMAS		NAME		
STREET ADDRESS	147 BLUFF VIEW DR #401		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANE		NAME		
STREET ADDRESS	147 BLUFF VIEW DR #104		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP		
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: <i>Thomas Kavunedus</i>		THOMAS KAVUNEDUS		3/23/2005 (727) 581-3146	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	