


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90270 017 ****61.25

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
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50005710



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1999383	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WISEMAN, DEAN		NAME <i>Ben Buchansky</i>	
STREET ADDRESS 147 BLUFFVIEW DR # 204		STREET ADDRESS <i>147 Bluffview Dr. #201</i>	
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP <i>Belleair Bluffs, FL 33770</i>	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAVUNEDUS, THOMAS		NAME	
STREET ADDRESS 147 BLUFFVIEW #401		STREET ADDRESS	
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARKANSKY, BEN		NAME	
STREET ADDRESS 147 BLUFFVIEW DR # 201		STREET ADDRESS	
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWEET, CONSTANCE		NAME	
STREET ADDRESS 147 BLUFF VIEW DR #402		STREET ADDRESS	
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARIZIO, DONNA		NAME	
STREET ADDRESS 147 BLUFFVIEW DR #310		STREET ADDRESS	
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **Thomas Kavunedus** 3/14/06 (727) 785-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #