


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90020 007 \*\*\*\*61.25

<b>DOCUMENT # 716109</b>					
<b>1. Entity Name</b> PORT BELLEAIR NO. 2, INC., A CONDOMINIUM					
<b>Principal Place of Business</b> 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US			<b>Mailing Address</b> 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-1999383	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
<b>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.</b>					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANSKY, BEN		NAME	Stenger, Lynne	
STREET ADDRESS	147 BLUFFVIEW DR. #201		STREET ADDRESS	147 Bluffview Dr #107	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVUNEDUS, THOMAS		NAME	Kavunedus, Thomas	
STREET ADDRESS	147 BLUFFVIEW #401		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKANSKY, BEN		NAME	Whitfield, Robert	
STREET ADDRESS	147 BLUFFVIEW DR # 201		STREET ADDRESS	147 Bluffview Dr #305	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEET, CONSTANCE		NAME	Wiseman, Dean	
STREET ADDRESS	147 BLUFF VIEW DR #402		STREET ADDRESS	147 Bluffview Dr #209	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARIZIO, DONNA		NAME	Gillelana, Roy	
STREET ADDRESS	147 BLUFFVIEW DR #310		STREET ADDRESS	147 Bluffview Dr #102	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	Belleair Bluffs, FL 33770	
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		
<b>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.</b>					
SIGNATURE: <i>Constance Sweet</i>		SIGNATURE: <i>Tonnie Sweet</i>		Date: <i>3/13/07</i> (727) 785-8887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	