

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716109

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: PORT BELLEAIR NO. 2, INC., A CONDOMINIUM

**Current Principal Place of Business:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-1999383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIRST CHOICE ASSOCIATION MANAGEMENT  
4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STENGER, LYNNE  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Delete  
Name: WISEMAN, DEAN  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TREA ( ) Delete  
Name: SWEET, CONSTANCE  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: DIR ( ) Delete  
Name: WHITFIELD, ROBERT  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: DIR ( ) Delete  
Name: GILLELAND, ROY  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: CLARIZIO, DONNA  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOLAN

Electronic Signature of Signing Officer or Director

AGEN

02/06/2009

\_\_\_\_\_ Date