

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90109 002 \*\*\*\*70.00

0047865

**DOCUMENT # 716109**

1. Entity Name

**PORT BELLEAIR NO. 2, INC., A CONDOMINIUM**



Principal Place of Business

**147 BLUFFVIEW DR  
BELLEAIR BLUFFS FL 33770  
US**

Mailing Address

**147 BLUFFVIEW DR  
BELLEAIR BLUFFS FL 33770  
US**

JUU0JJ4J



2. Principal Place of Business

3. Mailing Address

**147 BLUFFVIEW DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 304**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**BELLEAIR BLUFFS, FL**

4. FEI Number **59-1999383**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33770**

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITFIELD, ROBERT  
147 BLUFFVIEW DR #305  
BELLEAIR BLUFFS FL 34640**

Name **PAUL BEHNKEN**

Street Address (P.O. Box Number is Not Acceptable)

**147 BLUFF VIEW DR, #304**

City **BELLEAIR BLUFFS**

FL

Zip Code **33770**

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

*Paul Behnken*

**3/31/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRALL, BETTY</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR #309</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITFIELD, ROBERT</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DRIVE #307</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete →
NAME	<b>CLARIZIO, DONNA</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DRIVE #310</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITFIELD, RETA</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DRIVE #305</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CULLTION, JOAN</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DRIVE #307</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL BEHNKEN</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. #304</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL, 33770</b>	
TITLE	<b>V D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENJAMIN FEUER</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. # 105</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL, 33770</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARIZIO, DONNA</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. #310</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>	
TITLE	<b>T D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONSTANCE SWEET</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. #402</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS KAVUNEDUS</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. # 401</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANE SMITH</b>	
STREET ADDRESS	<b>147 BLUFF VIEW DR. # 104</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>	

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:

*Constance Sweet*  
**SIGNATURE REQUIRED**

**CONSTANCE SWEET 4/1/03 (727)584-6653**

CR2E037 (10/02)

Attachment

90069549  
7/6/09

SUPPLEMENT

11.

D

ADDITION

DEAN WISEMAN

147 BLUFF VIEW DR. # 209

BELLAIR BLUFFS, FL.