

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PH 5:55

DOCUMENT # 718802 (2)

1. Corporation Name

PORT BELLEAIR NO.3, INC., A CONDOMINIUM

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
139 BLUFF VIEW DR.
411
BELLEAIR BLUFFS FL 34640
US

3. Date Incorporated or Qualified **07/08/1970** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-1981427** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **29** Country **30** Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLORIDA CENTRAL MANAGEMENT INC
28103 US HWY 19 NO #202
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name **FLORIDA CENTRAL MANAGEMENT, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **2430 ESTANCIA BLVD.**
83 **SUITE #114**
84 City **CLEARWATER** **FL** **85** Zip Code **34621**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert M. Morham* **ROBERT M. MORHAM V.P.** DATE **3/23/95**
Signature, typed or printed name of registered agent and 1% if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	BELLUCCI, RAYMOND
STREET ADDRESS	139 BLUFFVIEW DR APT 309
CITY- ST- ZIP	BELLEAIR BLUFFS, FL00000
TITLE	PD
NAME	MULHOLLAND, GEORGE
STREET ADDRESS	139 BLUFFVIEW DR #403
CITY- ST- ZIP	BELLEAIR BLUFFS, FL00000
TITLE	ST
NAME	TABOR, HAROLD
STREET ADDRESS	139 BLUFF VIEW DR
CITY- ST- ZIP	BELLEAIR BLUFFS, FL00000
TITLE	D
NAME	STRATTON, KENNETH
STREET ADDRESS	139 BLUFFVIEW DR APT 109
CITY- ST- ZIP	BELLEAIR BLUFFS FL
TITLE	D
NAME	WILSON, LAURA
STREET ADDRESS	139 BLUFFVIEW DR APT 305
CITY- ST- ZIP	BELLEAIR BLUFFS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERSON, PETE
1.3 STREET ADDRESS	139 BLUFFVIEW DRIVE #107
1.4 CITY- ST- ZIP	BELLEAIR BLUFFS, FL. 34640
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	Address Change:
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	c/o
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	Florida Central Management, Inc
5.2 NAME	2430 Estancia Blvd., Suite 114
5.3 STREET ADDRESS	Clearwater, FL 34621
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of Section 607.0505, Florida Statutes, and that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold M. Tabor* **Harold M. Tabor Secy-Treas.** DATE **3-23-95** **581-7787**
Signature and typed or printed name of bonding officer or director