FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 718802 (2)

1. Corporation Name

PORT BELLEAIR NO.3, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621 US	C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621 US

3. Date Incorporated or Qualified: 07/08/1970
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1981427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for each change.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Limit 6)		
TITLE	V	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PETERSON, PETE		12 NAME		
STREET ADDRESS	139 BLUFFVIEW DRIVE #107		13 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000		14 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	MULHOLLAND, GEORGE		22 NAME	EARLEY, KENNETH	
STREET ADDRESS	139 BLUFFVIEW DR #403		23 STREET ADDRESS	139 BLUFFVIEW DRIVE #302	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000		24 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	TABOR, HAROLD		32 NAME		
STREET ADDRESS	139 BLUFF VIEW DR		33 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	STRATTON, KENNETH		42 NAME	ANDREWS, FRANK	
STREET ADDRESS	139 BLUFFVIEW DR APT 109		43 STREET ADDRESS	139 BLUFFVIEW DRIVE #205	
CITY-ST-ZIP	BELLEAIR BLUFFS FL		44 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WILSON, LAURA		52 NAME		
STREET ADDRESS	139 BLUFFVIEW DR APT 305		53 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIRE BLUFFS FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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: Howard M Tabor 4/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #