

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 718802 (2)**  
1. Corporation Name  
**PORT BELLEAIR NO.3, INC., A CONDOMINIUM**



Principal Place of Business <b>C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621 US</b>	Mailing Address <b>C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621-2607 US</b>
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3. Date Incorporated or Qualified <b>07/08/1970</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>59-1981427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PETERSON, PETE</b>
STREET ADDRESS	<b>139 BLUFFVIEW DRIVE #107</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL00000</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>EARLEY, KENNETH</b>
STREET ADDRESS	<b>139 BLUFFVIEW DRIVE, #302</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>TABOR, HAROLD</b>
STREET ADDRESS	<b>139 BLUFF VIEW DR</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANDREWS, FRANK</b>
STREET ADDRESS	<b>139 BLUFFVIEW DRIVE, #205</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, LAURA</b>
STREET ADDRESS	<b>139 BLUFFVIEW DR APT 305</b>
CITY-ST-ZIP	<b>BELLEIRE BLUFFS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EARLEY, KENNETH</b>
2.3 STREET ADDRESS	<b>139 BLUFFVIEW DRIVE, #302</b>
2.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ANDREWS, FRANK</b>
4.3 STREET ADDRESS	<b>139 BLUFFVIEW DRIVE, #205</b>
4.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GENUNG, RONALD</b>
5.3 STREET ADDRESS	<b>139 BLUFFVIEW DR., #301</b>
5.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)