

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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		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	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified  
**07/08/1970**

4. FEI Number  
**59-1981427**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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
85	Zip Code

**FL 33770**

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: *Robert M. Novak Sr. v.p.* DATE: **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, PETE	
STREET ADDRESS	139 BLUFFVIEW DRIVE #107	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARLEY, KENNETH	
STREET ADDRESS	139 BLUFFVIEW DRIVE, #302	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TABOR, HAROLD	
STREET ADDRESS	139 BLUFF VIEW DR	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDREWS, FRANK	
STREET ADDRESS	139 BLUFFVIEW DRIVE, #205	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENUNG, RONALD	
STREET ADDRESS	139 BLUFFVIEW DR, 301	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK ANDREWS	
1.3 STREET ADDRESS	139 Bluffview Dr. #205	
1.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARold Tabor	
2.3 STREET ADDRESS	139 Bluffview Dr. #411	
2.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY HANNOM	
3.3 STREET ADDRESS	139 Bluffview Drive #106	
3.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PETE PETERSON	
4.3 STREET ADDRESS	139 Bluffview Drive #107	
4.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KENNETH EARLY	
5.3 STREET ADDRESS	139 Bluffview Dr. #302	
5.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770	
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 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: *585-1055* *Frank M. Andrews, President*

CP2E037 (10/97)