


FILE NOW: FILING FEE IS \$61.25

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90037 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718802

1. Corporation Name
PORT BELLEAIR NO.3, INC., A CONDOMINIUM

Principal Place of Business C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621 US	Mailing Address C/O FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER FL 34621 US
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/08/1970
22. City & State	27. City & State	4. FEI Number 59-1981427
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 33761	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE PETERSON, PETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, PETE	1.2 NAME	PETE PETERSON
STREET ADDRESS	139 BLUFFVIEW DRIVE #107	1.3 STREET ADDRESS	139 Bluffview Dr. #107
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	1.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770
TITLE D	<input checked="" type="checkbox"/> DELETE EARLEY, KENNETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLEY, KENNETH	2.2 NAME	
STREET ADDRESS	139 BLUFFVIEW DRIVE, #302	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE TABOR, HAROLD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABOR, HAROLD	3.2 NAME	
STREET ADDRESS	139 BLUFF VIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE ANDREWS, FRANK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, FRANK	4.2 NAME	
STREET ADDRESS	139 BLUFFVIEW DRIVE, #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE GENUNG, RONALD	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENUNG, RONALD	5.2 NAME	LARRY ANDERSON
STREET ADDRESS	139 BLUFFVIEW DR, 301	5.3 STREET ADDRESS	139 Bluffview Dr. #405
CITY-ST-ZIP	BELLEIRE BLUFFS FL	5.4 CITY-ST-ZIP	Belleair Bluffs, Fl. 33770
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, trustee, or 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **4-5-99 (727) 581-4325**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR29E037 1/1/03