

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90016 038 ****61.25

DOCUMENT # 718802

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

FCAM
 Suite, Apt. #, etc.
3440 EAST LAKE RD.

FCAM - 3440 EAST LAKE RD. #106
 Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
59-1981427

Applied For
 Not Applicable

Zip
34685

Country
US

Zip
34685

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FLORIDA CENTRAL MANAGEMENT INC~~
~~2430 ESTANCIA BLVD~~
~~SUITE 114~~
~~CLEARWATER FL 33781~~

~~Name~~ **FIRST CHOICE ASSN MGMT**

~~Street Address (P.O. Box Number is Not Acceptable)~~

3440 EAST LAKE RD. #106

PALM HARBOR FL 34685

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

JAMES M. NOLAN, LCAM *James M. Nolan*

2-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
VPD PETERSON, PETE
 STREET ADDRESS **139 BLUFFVIEW DRIVE #107**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D ANDERSON, LARRY
 STREET ADDRESS **139 BLUFFVIEW DR #405**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE NAME Change Addition
TREASURER
 STREET ADDRESS
 CITY-ST-ZIP

~~TITLE NAME Delete~~
~~**ST. TABOR, HAROLD**~~
~~STREET ADDRESS **139 BLUFFVIEW DR #205**~~
~~CITY-ST-ZIP **LARGO FL 33770**~~

~~TITLE NAME Change Addition~~
~~**DIRECTOR MATT FEDERICO**~~
~~STREET ADDRESS **139 Bluff View DR #308**~~
~~CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**~~

TITLE NAME Delete
P ANDREWS, FRANK
 STREET ADDRESS **139 BLUFFVIEW DRIVE, #205**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D HANNUM, BETTY
 STREET ADDRESS **139 BLUFFVIEW DR #108**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James M. Nolan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

(727) 785-8887
 Daytime Phone #

CR2E037 (9/01)