


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90098 041 \*\*\*\*61.25

<b>DOCUMENT # 718802</b>					
1. Entity Name PORT BELLEAIR NO.3, INC., A CONDOMINIUM					
Principal Place of Business 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US		Mailing Address 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03082005 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 59-1981427	
Country		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIRST CHOICE ASSN-MGMT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHORNEY, JANE		NAME	<del>Lee Stratton</del>	
STREET ADDRESS	139 BLUFFVIEW DRIVE #107		STREET ADDRESS	<del>139 Bluffview Dr #107</del>	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	<del>Belleair Bluffs FL 33770</del>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, LARRY		NAME	<del>Lonnie Fiedinger</del>	
STREET ADDRESS	139 BLUFFVIEW DR #405		STREET ADDRESS	<del>139 Bluffview Dr #404</del>	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		CITY-ST-ZIP	<del>Belleair Bluffs FL 33770</del>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATTON, LEE		NAME		
STREET ADDRESS	139 BLUFFVIEW DR. #110		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNUM, BETTY		NAME		
STREET ADDRESS	139 BLUFFVIEW DR #106		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDERICO, MATT		NAME		
STREET ADDRESS	139 BLUFF VIEW DR. #308		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33720		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: <i>Lee Stratton</i>		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					