


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 041 ****61.25

DOCUMENT # 718802 1. Entity Name PORT BELLEAIR NO.3, INC., A CONDOMINIUM					
Principal Place of Business C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD, SUITE 110 LARGO FL 33770 US		Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD, SUITE 110 LARGO FL 33770 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1981427	
				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		
INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD, SUITE 110 LARGO FL 33770			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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY ST ZIP	SD PAUL, PATRICIA 139 BLUFF VIEW DR #411 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD William Gorman 139 Bluff View Drive, #409 Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ANDERSON, LARRY 139 BLUFFVIEW DR #405 BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HANNUM, BETTY 139 BLUFFVIEW DR #106 LARGO FL 33770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD James Molohan 139 Bluff View Drive, #108 Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D FEDERICO, MATT 139 BLUFF VIEW DR. #308 BELLEAIR BLUFFS FL 33720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SD Barbara Gayhart 139 Bluff View Drive, #407 Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P PIERINGER, LEILANI 139 GULFVIEW DR #404 BELAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Don Boich 139 Bluff View Drive, #406 Belleair Bluffs, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____			Date: <u>5/1/07</u> Daytime Phone #: <u>513-7600</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					