

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90212 022 \*\*\*\*61.25

DOCUMENT # 718802



1. Entity Name  
**PORT BELLEAIR NO.3, INC., A CONDOMINIUM**

Principal Place of Business

Mailing Address

C/O FCAM  
~~3440 EAST LAKE RD.~~  
PALM HARBOR FL 34685  
US

C/O FCAM  
~~3440 EAST LAKE RD.~~  
PALM HARBOR FL 34685  
US

70038429



2. Principal Place of Business

3. Mailing Address

**4174 WOODLANDS PRUY**

**4174 WOODLANDS PRUY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

**FIRST CHOICE ASSN. MGMT**  
~~3440 EAST LAKE RD. #106~~  
**PALM HARBOR FL 34685**

**4174 WOODLANDS PRUY**

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

*Marion Nelson, LCAM*

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PETERSON, PETE</b> <b>139 BLUFFVIEW DRIVE #107</b> <b>BELLEAIR BLUFFS FL 33770</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ANDERSON, LARRY</b> <b>139 BLUFFVIEW DR #405</b> <b>BELLEAIR BLUFFS FL 33770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANDREWS, FRANK</b> <b>139 BLUFFVIEW DRIVE, #205</b> <b>BELLEAIR BLUFFS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANNUM, BETTY</b> <b>139 BLUFFVIEW DR #108</b> <b>LARGO FL 33770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FEDERICO, MATT</b> <b>139 BLUFF VIEW DR. #308</b> <b>BELLEAIR BLUFFS FL 33720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY. JANE MAHORDEY</b> <b>139 Bluff View</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEE STRATTON</b> <b>PRESIDENT</b> <b>139 Bluff View Dr #110</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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 reports 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 the address, with all other like empowered.

SIGNATURE: *X* SIGNATURE REQUIRED

727 785 8887

CR2E037 (10/02)