

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718802

Entity Name: PORT BELLEAIR NO.3, INC., A CONDOMINIUM

Current Principal Place of Business:

139 BLUFF VIEW DRIVE
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

C/O RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

FEI Number: 59-1981427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RABIN & PARKER, P.A.
28163 US HWY 19N
SUITE 207
CLEARWATER, FL 33761 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MOLOHON, JAMES
Address 139 BLUFF VIEW DRIVE #108
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title VP/S
Name MAHORNEY, JANE
Address 139 BLUFFVIEW DR #211
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title ASST. TREASURER
Name PIERINGER, LONNIE
Address 139 BLUFF VIEW DRIVE #404
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title D
Name THORNE, GARY
Address 139 BLUFF VIEW DRIVE #203
City-State-Zip: BELLEAIR BULLFS FL 33770

Title D
Name CUGINI, JOE
Address 139 BLUFF VIEW DRIVE #408
City-State-Zip: BELLEAIR BLUFFS FL 33770

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES MOLOHON

PRESIDENT

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date