

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90079 048 ****61.25

DOCUMENT # 714544

1. Entity Name

PORT BELLEAIR NO. 1, INC.



Principal Place of Business

C/O INFINITI PROP. MGMT., INC.
1301 SEMINOLE BLVD., #110
LARGO FL 33770
US

Mailing Address

C/O INFINITI PROP. MGMT., INC.
1301 SEMINOLE BLVD., #110
LARGO FL 33770
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2418331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO FL 33770

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **D** ☐ Delete
NAME **TOUPONSE, ANGELA**
STREET ADDRESS **155 BLUFF VIEW DR., #206**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **PD** ☐ Delete
NAME **DAVIDSON, RANI**
STREET ADDRESS **155 BLUFFVIEW DR #208**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **STD** ☐ Delete
NAME **FALLUCCHI, FRANK**
STREET ADDRESS **15 BLUFF VIEW DR, # 205**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **D** ☐ Delete
NAME **HALLIWELL, DOREEN**
STREET ADDRESS **155 BLUFFVIEW DR # 102**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **D** ☐ Delete
NAME **MANGANARO, NANCY**
STREET ADDRESS **155 BLUFFVIEW DR # 302**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Rani Davidson

4/16/06

584-6217