

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

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 040 ****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 - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2418331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	VD	<input type="checkbox"/> Delete
NAME	TOUPONSE, ANGELA	
STREET ADDRESS	155 BLUFF VIEW DR., #206	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, RANI	
STREET ADDRESS	155 BLUFFVIEW DR #208	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FALLUCCHI, FRANK	
STREET ADDRESS	15 BLUFF VIEW DR, # 205	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLIWELL, DOREEN	
STREET ADDRESS	155 BLUFFVIEW DR # 102	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANGANARO, NANCY	
STREET ADDRESS	155 BLUFFVIEW DR # 302	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Lou Karlson	
STREET ADDRESS	155 Bluff View Dr., #104	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

727.584.6217