

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748304

1. Entity Name

BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

215 VALENCIA BOULEVARD
BELLEAIR BLUFFS FL 33770

Mailing Address

215 VALENCIA BOULEVARD
BELLEAIR BLUFFS FL 33770-2762

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

59-1876862

Applied For

Not Applicable

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

AUGUSTO, THERESE
215 VALENCIA BLVD STE 102
BELLEAIR BLUFFS FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33770

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME YOUNGHAUS, AL
STREET ADDRESS 215 VALENCIA BLVD #302
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ~~OO~~
NAME ~~BYRNSIDE, DORA JO~~
STREET ADDRESS ~~215 VALENCIA BLVD STE 310~~
CITY-ST-ZIP ~~BELLEAIR BLUFFS FL~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ~~TD~~
NAME ~~THERESE, AUGUSTO~~
STREET ADDRESS ~~215 VALENCIA BLVD STE 102~~
CITY-ST-ZIP ~~BELLEAIR BLUFFS FL~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME PESSANHA, MARIA
STREET ADDRESS 215 VALENCIA BLVD STE 104
CITY-ST-ZIP BELLEAIR BLUFFS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TREAS.
NAME PAUL C CARR
STREET ADDRESS 215 VALENCIA BLVD 308
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with 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 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

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90232 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)