

2001 UIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90150 008 ****61.25

0064328

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 34840

00048993



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CMG
 Suite, Apt. #, etc.
 5530 1st Ave. No.

3. Mailing Address

P.O. Box 47068
 Suite, Apt. #, etc.

City & State

ST. Petersburg FL

City & State

ST. Petersburg

4. FEI Number

59-1876862

Applied For

Not Applicable

Zip

33710

Country

Pinellas

Zip

33743-7068

Country

Pinellas

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

CARR, PAUL C
 215 VALENCIA BLVD #308
 BELLEAIR BLUFFS FL 33770

Name Debra R. Lisheid c/o CMG

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

5530 1st Ave. No.

City ST. Petersburg

FL

Zip Code 33710

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 *Debra R. Lisheid*

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

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

TITLE T
 NAME CARR, PAUL C ☐ Delete
 STREET ADDRESS 215 VALENCIA BLVD 308
 CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☐ Change ☒ Addition
 NAME Tammie Jphanning
 STREET ADDRESS 215 Valencia Blvd. STE #108
 CITY-ST-ZIP Belleair Bluffs Fl. 33770

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

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: *Al Younghaus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

727-585-4212

Daytime Phone #

CR2E037 (10/00)