

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90049 007 \*\*\*\*61.25

|                                                                         |                                                                                   |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 748304</b>                                                |  |
| 1. Entity Name<br><b>BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>215 VALENCIA BLVD<br/>LARGO FL 33770</b> | Mailing Address<br><b>215 VALENCIA BLVD<br/>LARGO FL 33770</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                                                                                   |                                                                             |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br><b>BELLEAIR BLUFFS</b><br>Zip<br>Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



MOORE CR2E037 (11/03)

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>YOUNGHAUS, AL<br/>215 VALENCIA BLVD 302<br/>LARGO FL 33770</b> |  |
|----------------------------------------------------------------------------------------------------------------------|--|

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1876862</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                    |             |
|----------------------------------------------------|-------------|
| 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 Al Younghaus AL YOUNGHAUS 4/5/04  
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, 2004**

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                         |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                 |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>YOUNGHAUS, AL<br>215 VALENCIA BLVD #302<br>BELLEAIR BLUFFS FL 33770 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PHODES, TANYA PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>211 POINCIANA LANE<br>LARGO, FL 33770                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>PESSANNA, MARIA<br>215 VALENCIA BLVD. #104<br>BELLEAIR BLUFFS FL 33770 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>WOOLDRIDGE, BRENDA<br>215 VALENCIA BLVD 102<br>LARGO FL 33770 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | VICE PRES.<br>MARINO, WENDY<br>215 VALENCIA BLVD #304<br>BELLEAIR BLUFFS, FL 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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: Al Younghaus AL YOUNGHAUS 4/5/04 727+585-4212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #