

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90065 042 \*\*\*\*61.25

**DOCUMENT # 748304**

1. Entity Name

**BELLEAIR GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

CMG  
5530 1ST AVE  
SAINT PETERSBURG FL 33710

Mailing Address

P.O. BOX 47068  
SAINT PETERSBURG FL 33743-7068

2. Principal Place of Business

**215 VALENCIA BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**BELLEAIR BLUFFS, FL**

Zip

**33770**

Country

**PINELLAS**

City & State

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

**LISHEID, DEBRA R**  
**C/O CMG**  
**5530 1ST AVE NO.**  
**SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name **AL YOUNGHAUS**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 VALENCIA BLVD #302**  
City **BELLEAIR BLUFFS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Al Younghaus*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/2/03

**FILE NOW: FEE IS \$61.25**

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

TITLE **T** ☒ Delete  
NAME **HARTMAN, GLEN**  
STREET ADDRESS **215 VALENCIA BLVD. #113**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **SD** ☐ Delete  
NAME **PESSANNA, MARIA**  
STREET ADDRESS **215 VALENCIA BLVD. #104**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **T** ☐ Delete  
NAME **WOOLDRIDGE, BRENDA**  
STREET ADDRESS **215 VALENCIA BLVD #102**  
CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

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 ☐ 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

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**

4/2/03 **727-585-4212**

CR2E037 (10/02)