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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29172

1. Corporation Name

CONCERNED CITIZENS OF BELLEAIR, INC.

Principal Place of Business

C/O ROBERT M. SNIBBE
1115 PONCE DE LEON BLVD.
BELLEAIR FL 33756
US

Mailing Address

C/O ROBERT M. SNIBBE
1115 PONCE DE LEON BLVD.
BELLEAIR FL 33756
US



2. Principal Place of Business

21 ~~401 Ponce de Leon Blvd.~~
Suite, Apt. #, etc.

2a. Mailing Address

26 ~~401 Ponce de Leon Blvd.~~
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/07/1988

4. FEI Number

59-2960522

Applied For

☒ Not Applicable

23 City & State

~~Belleair, FL~~

27 City & State

~~Belleair, FL~~

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

~~33756 US~~

28 Zip Country

~~33756 US~~

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNIBBE, ROBERT M.
1115 PONCE DE LEON BOULEVARD
BELLEAIR FL 33756

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MUDANO, FRANK

STREET ADDRESS 504 POINSETTIA RD

CITY-ST-ZIP BELLEAIR FL 33756

TITLE VD ☐ DELETE

NAME POLICANDRIOTES, TONY

STREET ADDRESS 1712 MEREDITH LANE

CITY-ST-ZIP BELLEAIR FL 33756

TITLE STD ☐ DELETE

NAME WEIBLE, CHERYL

STREET ADDRESS 455 PARK AVENUE

CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1999 (121) 539-837
Date Daytime Phone #

CR2E037 (11/98)