

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001365

FILED  
Jul 16, 2002  
Secretary of State

Entity Name: BELLEAIR BLUFFS CIVIC ASSOCIATION, INC.

## Current Principal Place of Business:

115 FLORENCE DRIVE  
BELLEAIR BLUFFS, FL 33770 US

## New Principal Place of Business:

## Current Mailing Address:

115 FLORENCE DRIVE  
BELLEAIR BLUFFS, FL 33770 US

## New Mailing Address:

FEI Number: 59-3345117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMANUS, MARY  
79 OVERBROOK BLVD.  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCMANUS, MARY  
Address: 79 OVERBROOK BLVD  
City-St-Zip: LARGO, FL

Title: PD ( ) Delete  
Name: SASSON, MARY  
Address: 2525 W BAY DR #34C  
City-St-Zip: BELLEAIR BLUFFS, FL

Title: TD ( ) Delete  
Name: GAST, MAY  
Address: 2525 W BAY DR #C-21  
City-St-Zip: BELLEAIR BLUFFS, FL

Title: VPD ( ) Delete  
Name: PHILLIPS, SHIRLEY  
Address: 2525 W BAY DR #A-13  
City-St-Zip: BELLEAIR BLUFFS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCMANUS, MARY  
Address: 79 OVERBROOK BLVD  
City-St-Zip: LARGO, FL 33770

Title: PD (X) Change ( ) Addition  
Name: SASSON, MARY  
Address: 2525 W BAY DR #34C  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: TD (X) Change ( ) Addition  
Name: GAST, MAY  
Address: 2525 W BAY DR #C-21  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VPD (X) Change ( ) Addition  
Name: PHILLIPS, SHIRLEY  
Address: 2525 W BAY DR #A-13  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MCMANUS

D

07/16/2002

Electronic Signature of Signing Officer or Director

Date