

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # 832075

1. Entity Name
NATIONAL DEVELOPMENT CORPORATION OF FLORIDA



Principal Place of Business
**4415 5TH AVE.
PITTSBURGH, PA 15213**

Mailing Address
**4415 5TH AVE.
PITTSBURGH, PA 15213**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1203385

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, JAMES
1001 3RD AVE WEST
SUITE 600
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000905268
05/01/08-80045-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASKIN, SEYMOUR 4415 FIFTH AVE. PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, JAMES 1001 THIRD AVE. W. SUITE 410 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS KREUTZER, KAREN 4415 FIFTH AVE. PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BALSINGER, WILLIAM 4415 FIFTH AVE. PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELLINO, KATHLEEN 4415 FIFTH AVE. PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV CONNOR, DIANE 4415 5TH AVE PITTSBURGH, PA

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

412-578-7828

Daytime Phone #