

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90040 023 \*\*\*150.00

**DOCUMENT # J70410**

1. Entity Name  
**NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA,  
INC.**



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

Mailing Address  
**4415 FIFTH AVE.  
PITTSBURGH, PA 15213**

**24010070**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2825019</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANSBACHER, LEWIS  
5150 BELFORT RD  
BUILDING 100  
JACKSONVILLE, FL 32256**

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	SASSARD, CHERYL
STREET ADDRESS	5150 BELFORT RD BG 100
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	VP
NAME	CONNOR, DIANE G
STREET ADDRESS	4415 FIFTH AVENUE
CITY-ST-ZIP	PITTSBURGH, PA 15213

TITLE	VAS
NAME	MASON, MARTIN
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213

TITLE	VAS
NAME	BELLINO, KATHLEEN
STREET ADDRESS	4415 FIFTH AVE.
CITY-ST-ZIP	PITTSBURGH, PA

TITLE	VST
NAME	BALSINGER, WILLIAM
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Kathleen Bellino Kathleen Bellino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 412-578-7828