

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87859

FILED  
Mar 29, 2006  
Secretary of State

**Entity Name:** NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, SOUTHEAST, INC.

**Current Principal Place of Business:**

8001 PARKSIDE DR  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

8001 PARKSIDE DR.  
POMPAÑO BEACH, FL 33067 US

**New Mailing Address:**

**FEI Number:** 59-2947290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NUNES, RONALD  
8001 PARKSIDE DR  
PARKLAND, FL 33067 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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALLEN, JAMES R  
Address: 4415 FIFTH AVE  
City-St-Zip: PITTSBURG, PA 15213

Title: D ( ) Delete  
Name: KAMIN, MARVIN  
Address: 4415 FIFTH AVE  
City-St-Zip: PITTSBURG, PA 15213

Title: VAS ( ) Delete  
Name: CONNOR, DIANE G  
Address: 4415 FIFTH AVE  
City-St-Zip: PITTSBURG, PA 15213

Title: P ( ) Delete  
Name: NUNES, RONALD  
Address: 8001 PARKSIDE DR.  
City-St-Zip: POMPAÑO BEACH, FL 33067

Title: V ( ) Delete  
Name: BELLINO, KATHLEEN  
Address: 4415 FIFTH AVE.  
City-St-Zip: PITTSBURGH, PA

Title: VST ( ) Delete  
Name: BALSINGER, WILLIAM  
Address: 4415 FIFTH AVE  
City-St-Zip: PITTSBURGH, PA 15213

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD M NUNES

P

03/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date