## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90041 017 \*\*\*\*61.25

1. Entity Name	MENT # NU200000; P-BELLAIR CROSSING O		ON ON				
Principal Place 310 COLLEGE ORANGE PAR		Mailing Address 310 COLLEGE DRIVE ORANGE PARK, FL 320	065	4000	6034		
2. Principal Pl	Place of Business	3. Mailing Address					
1555 KINGSLEY AVENUE		1555 KINGSLEY AVENUE Suite, Apt. #, etc.					
Suite, Apt. #, etc. SUITE 405		SUITE 405		01212005 Chg-NF	CR2E037 (1	0/03)	
City & State	PARK, FL	City & State ORANGE PARK,	FL	4. FEI Number 03-0434233		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D		75 Additional	
32073	6. Name and Address of Current	32073		7. Name and Address	Fee	Required	
	G. Hame and Address of Current	r Hegistered Agent	Name			,	
J. ERIC LINTON 170 "H" COLLEGE DRIVE			Name TODD W. HENRY Street Address (P.O. Box Number is Not Acceptable)				
	PARK, FL 32065		1555	1555 KINGSLEY AVENUE			
			SUIT	405			
			City	E PARK	FL	Zip Code 32073	
	named entity submits this statement f	for the purpose of changing its					
the obligat	tions of registered agent.						
		TODD	W. HENRY,	RESTDENT	1/21/2005	5	
SIGNATURE .	Signature, typed a problem tame of registered agen				DATE		
SIGNATURE .	Signature, typed a comparation of registered agen	nt and title if applicable. (NOTI	E: Registered Agent signatur	quired when reinstating)	DATE	<u> </u>	
SIGNATURE.	Signature, typed entrane of registered agent Filling Fee is \$61.25  Due by May 1, 2005	nt and title if applicable. (NOTI	E: Registered Agent signature		Make check pa Florida Departme		
SIGNATUHE .	Filing Fee is \$61.25	n and title if applicable. (NOTI  9. Election Car  Trust Fund C	E: Registered Agent signature	quired when reinstating) \$5.00 May Be	Make check pa Florida Departme	nt of State	
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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 617, 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.

Todd W. Henry SIGNATURE: SIGNATURE AND EXPERIENTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #