2006 NOT-FOR-PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # N03000005904

1. Entity Name

BELL ROAD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

775 BELL ROAD SARASOTA, FL 34240 Mailing Address

8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242

FILED Jul 24, 2006 8:00 am Secretary of State

07-24-2006 90005 046 ****61.25

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07042006 No Chg-NP

CR2E037 (4/06)

| 4. | FEI Number |
|----|------------|
|    | 20-0157261 |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, JOHN 7015 PROFESSIONAL PKWY EAST SARASOTA, FL 34240-8412

## DO NOT WRITE

|                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                        |              | IIN                            | IIIIO SPACE                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|--------------|--------------------------------|---------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                 | named entity submits this statement for the plans of registered agent. | ourpose of changing its registered                     | office or re | egistered agent, or b          | ooth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered                                                                                                                                                                                                                                                                        |                                                                        |                                                        |              | required when reinstating)     | OATE                                                          |  |
| 0                                                                                                                                                                                                                                                                                                                                                                               | Filing Fee is \$61.25<br>ue by September 6, 2006                       | Election Campaign Finance     Trust Fund Contribution. | ing          | \$5.00 May Be<br>Added to Fees |                                                               |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                             | OFFICERS AND DIREC                                                     | CTORS                                                  | aren en i    |                                |                                                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           | P<br>JAMES, E RUSSELL<br>8585 MIDNIGHT PASS ROAD<br>SARASOTA, FL 34242 |                                                        | 9            | •.                             |                                                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                        |              |                                |                                                               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                        |              | DO                             | NOT WRITE                                                     |  |
| NAME STREET ADDRESS CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                        |              | JN.                            | THIS SPACE                                                    |  |
| HITLE NAME STREET ADDRESS CITY+ST-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                        |              |                                |                                                               |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                        | ÷            |                                |                                                               |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental tenort 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 supplemental report is true and accurate and material signature shall have the same legal effect as it 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.