


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90010 016 \*\*\*\*61.25

<b>DOCUMENT # N03000005904</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-0157261	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTERSON, JOHN 7015 PROFESSIONAL PKWY EAST SARASOTA, FL 34240-8412			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES, E RUSSELL		NAME		
STREET ADDRESS	8585 MIDNIGHT PASS ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
SIGNATURE: <i>E. Russell James</i> (E-RUSSELL JAMES)		Date: 12-26-07		Daytime Phone #: 941-346-9332	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	