2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N17556

1. Entity Name
BELFORT SOUTH STORM WATER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6675 CORPORATE PKWY SUITE 100 JACKSONVILLE, FL 32216	6675 CORPORATE PKWY SUITE 100 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2729132 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRED ELEFANT, P.A.
1650 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207

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

Filing Fee is $61.25
Due by May 1, 2007

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

U00000725830
05/03/07-80038-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLEY, W ALEX
STREET ADDRESS	6675 CORPORATE CENTER PKWY, STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD
NAME	WASHINGTON, ED
STREET ADDRESS	4190 BELFORT RD #160
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	STD
NAME	PRATT, HENRY
STREET ADDRESS	ONE INDEPENDENT DR #114
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #