

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004126

FILED  
Mar 29, 2006  
Secretary of State

**Entity Name:** BELFORT ROAD SOUTH PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 59-3549910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANSBACHER, LAWRENCE V  
5150 BELFORT RD  
BLDG 100  
JACKSONVILLE, FL 32256 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARGOL, OREN  
Address: 5150 BELFORT RD #200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete  
Name: SUSSMAN, CHARLES R  
Address: 5150 BELFORT ROAD BLDG 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: BLACKBURN, DENNIS  
Address: 5150 BELFIORT RD., #500  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. SUSSMAN

PD

03/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date