2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N99000004126

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

Current Principal Place of Business:

5150 BELFORT ROAD
BLDG. 100
JACKSONVILLE, FL 32256

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 & SCHNEIDER, PA
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: PTD ( ) Delete
Name: SUSSMAN, CHARLES R
Address: 5150 BELFORT ROAD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: DV ( ) Delete
Name: VANDROFF, DAVID
Address: 5150 BELFORT ROAD, #200
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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OREN MARGOL D 03/10/2009

Electronic Signature of Signing Officer or Director — Date