

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006436

1. Entity Name
**NORTH BELCHER PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**1164 N. BELCHER RD.
DUNEDIN, FL 34698**

Mailing Address
**1116 BELCHER ROAD
DUNEDIN, FL 34698 US**



02202006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3641015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**COSPER, DAVID L
1164 N. BELCHER RD.
DUNEDIN, FL 34698**

**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 re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000476210
04/05/06-80048-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	COSPER, DAVID L
STREET ADDRESS	1164 N. BELCHER RD.
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	VSD
NAME	RAVELING, PAUL A
STREET ADDRESS	1116 N. BELCHER RD.
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	COSPER, MARY
STREET ADDRESS	1164 N. BELCHER RD.
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	RAVELING, DEBORAH L
STREET ADDRESS	1116 N. BELCHER RD.
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

Debbie L. Raveling

2/27/06 727-7330433
Date Daytime Phone #