


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006436 1. Entity Name NORTH BELCHER PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business

1164 N. BELCHER RD.
DUNEDIN, FL 34698

Mailing Address

1116 BELCHER ROAD
DUNEDIN, FL 34698 US



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3641015	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee 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 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**

10. OFFICERS AND DIRECTORS

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

Debbie A. Raveling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07

Date

707-480-5255

Daytime Phone #