

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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**



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3641015

Applied For
Not Applicable

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, 2008**

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 L. Raveling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debbie L. Raveling

4-21-08

Date

737-480-5255

Daytime Phone