

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 15, 2008  
Secretary of State**

DOCUMENT# N04000010196

**Entity Name:** BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**% COMPLETE PROPERTY MANG. OF SOUTH FLA  
4340 NW 19TH AVENUE, SUITE 1  
POMPANO BEACH, FL 33064 US**New Principal Place of Business:****Current Mailing Address:**% COMPLETE PROPERTY MANG. OF SOUTH FLA  
4340 NW 19TH AVENUE, SUITE 1  
POMPANO BEACH, FL 33064 US**New Mailing Address:**

FEI Number: 83-0358278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**GLAZER & ASSOCIATES, P.A.  
1920 E. HALLANDALE BEACH BLVD., SUITE 806  
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**GLAZER & ASSOCIATES, P.A.  
3113 STIRLING ROAD  
SUITE 201  
HOLLYWOOD, FL 33312 US

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: ERIC M. GLAZER, ESQUIRE

09/15/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: RAINER, KAREN  
Address: 1409 BELMONT LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 USTitle: VP ( ) Delete  
Name: MEYERS, MICHAEL  
Address: 610 BELMONT LN  
City-St-Zip: POMPANO BEACH, FL 33068 USTitle: SEC ( ) Delete  
Name: PRZYBYCIEN, MICHAEL  
Address: 2310 BELMONT LN  
City-St-Zip: POMPANO BEACH, FL 33068 USTitle: T ( ) Delete  
Name: IMMERMANN, MICHAEL  
Address: 1108 BELMONT LN  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: VP (X) Change ( ) Addition  
Name: GOVERNALE, CHRISTINA  
Address: 509 BELMONT LN  
City-St-Zip: NORTH LAUDERDALE, FL 33068 USTitle: ( ) 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: LOUIS GOETZ

REGI

09/15/2008

Electronic Signature of Signing Officer or Director

Date