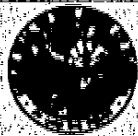


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09930 (1)

1. Corporation Name

BELFORT NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 189013
PLANTATION FL 33318
US

% SUMMIT PROP MGMT
PO BOX 189013
PLANTATION FL 33318
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/25/1985** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2543723** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FT LAUDERDALE FL 33312-3525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | VPD |
| NAME | MICHEL, HERMAN |
| STREET ADDRESS | 9440 S BELFORT CIR |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | S |
| NAME | SPILLER, ED |
| STREET ADDRESS | 9951 N. BELFORT CIRCLE |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | TD |
| NAME | EVENITSKY, JACK |
| STREET ADDRESS | 9762 N. BELFORT CIRCLE |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | P |
| NAME | GASS, SAUL |
| STREET ADDRESS | 9579 N. BELFORT CIRCLE |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | VD |
| NAME | GOLDBERG, MAURICE |
| STREET ADDRESS | 9526 N BELFORT CIR |
| CITY - ST - ZIP | TAMARAC FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Max Amis - VD |
| 5.3 STREET ADDRESS | 9726 S. Belfort Cir |
| 5.4 CITY - ST - ZIP | TAMARAC, FL 33321 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Herman Michel - Herman Michel* 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (day) (month) (year)