

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09930 (1)

1. Corporation Name
BELFORT NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: PO BOX 189013, PLANTATION FL 33318, US
Mailing Address: % SUMMIT PROP MGMT, PO BOX 189013, PLANTATION FL 33318, US

3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2543723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 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 Summit Prop. Mgmt. 82 Street Address (P.O. Box Number is Not Acceptable) 6289 W. Sunrise Blvd. 83 #202 84 City Sunrise FL 85 Zip Code 33313	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Paul F. Fieder (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, HERMAN	1.2 NAME	George Foy
STREET ADDRESS	9440 S BELFORT CIR	1.3 STREET ADDRESS	4491 N. Belfort Circle
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SPILLER, ED	2.2 NAME	
STREET ADDRESS	9951 N. BELFORT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD EVENITSKY, JACK	3.2 NAME	
STREET ADDRESS	9762 N. BELFORT CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GASS, SAUL	4.2 NAME	
STREET ADDRESS	9579 N. BELFORT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ANIS, MAX	5.2 NAME	
STREET ADDRESS	976 S BELFORT CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)