FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N09930

(1)

BELFORT NEIGHBORHOOD A	ASSOCIATION,	INC.
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55 2. 51.								
Principal Place of Business Mailing Address					T INCHES DE DANG FRANCE SEIDE SIGN D	914 018H1 010H 010H 010H 010H	REDIT MINISTERNA	
PO BOX 189013 PLANTATION FL 33318 US		% SUMMIT PROP MGMT PO BOX 189013 PLANTATION FL 33318 US				 		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995				
Principal Place of Business 2a		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26		<u> </u>	59-2543723		Not Applicable Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee F	Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country Zip Count		ry	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New You	4 1		
		_	Ľ		Summit trop. Manut.			
	POLIAKOFFF & STREITFELD, P	: A.	ε	2 Street Addre	ress (P.O. Box Number is Not Acceptable)			
	LAKE CORPORATE PARK		h _e	3		<u>U U) V(</u>		
	RLING ROAD		L		#202	[22] 5		
-FI-LAUD	ERDALE FL 33312:3525		[4 City Su	enriae	FL ⁸⁵ グ	3313	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statute:	s, the above	e-named corpora	ation submits this statement for the purp	ose of changing its r	egistered office	
or registere familiar with	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such change was authorize on 647,0503, Florida Statutes.	d by the co	rporation's boar	d of directors. I hereby accept the appo	TILTHOTIC AS TOGISTORO	agent. ram	
SIGNATURE _	the I True	del)			·		<u> </u>	
SIGNATURE	Signatule, typed or printed name of registered agent.			gent signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	IDS IN 12	
12.	OFFICERS AND		13.	, N/i		Change	Addition	
TITLE	- VPD	DELETE	1.1 TITL	• 1:::	leorge Tox	₩ Onlings		
NAME	MICHEL, HERMAN		1.2 NAN	EET ADDRESS		.		
STREET ADDRESS	9440 S BELFORT CIR			يزا	91 M. Belfort Cu	neles		
CITY-ST-ZIP	TAMARAC FL	DELETE	2.1 TITL	r-ST-ZIP TV	Provide, PL	Change	☐ Addition	
TITLE	S COULED ED		2.2 NAM					
NAME	SPILLER, ED 9951 N. BELFORT CIRCLE			EET ADDRESS				
STREET ADDRESS	TAMARAC FL			Y-ST-ZIP				
CITY-ST-ZIP TITLE	TO	DELETE	3.1 TITL			Change	☐ Addition	
NAME	EVENITSKY, JACK		3.2 NAI	AE .				
STREET ADDRESS	9762 N. BELFORT CIRCLE		3.3 STF	EET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		3.4. CIT	Y-ST-ZIP				
TITLE	P	DELETE	4.1 T(T)	.E		☐ Change	Addition	
NAME	GASS, SAUL		4. 2 NA	ME				
STREET ADDRESS	9579 N. BELFORT CIRCLE		4.3 STF	EET ADDRESS				
CITY-ST-ZIP	TAMARAC FL			Y-ST-ZIP		Change	☐ Addition	
TITLE	VD	DELETE	5.1 TIT			☐ cuailite	☐ ¥40/10/1	
NAME	ANIS, MAX		5.2 NA	1				
STREET ADDRESS	976 S BELFORT CT			REET ADDRESS				
CITY-ST-ZIP	TAMARAC FL	DELETE		Y-ST-ZIP		Change	Addition	
TITLE			6.1 TiT					
NAME			6.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	w certify that the information expedied	with this filing is voluntarily furn	■ 6.4 Cill ished and d	Y-ST-ZIP foes not qualify f	for the exemption stated in Section 119.	07(3)(k), Florida Statu	ites. I further	
T 14 TO HE EL	y certally triat the information supplied	and make a second control of	int roport is	seve and accure	ate and that my signature shall have the	same legal effect as i	r made under	

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 it 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, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR SMITTED NAME DE SMITTING OFFICER OR DIRECTO

Date Daytime Phone #

CR2E037 (12