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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 33318-8013  
US

3. Date Incorporated or Qualified 06/25/1985  
3a. Date of Last Report 04/30/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2543723	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	Country	29	Country
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROEPRTY MANAGEMENT  
6209 W SUNRISE BLVD  
SUITE 202  
SUNRISE FL 33319

61	Name
62	Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Blvd.
63	Suite C-100
64	City Plantation
65	State FL
66	Zip Code 33313

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 *Gail H. Sangunett* Gail H. Sangunett, V.P.-Administration 2/14/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, GEORGE	1.2 NAME	
STREET ADDRESS	94191 N. BELFORT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLER, ED	2.2 NAME	
STREET ADDRESS	9951 N. BELFORT CIRCLE	2.3 STREET ADDRESS	<i>Edward Spiller</i>
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENITSKY, JACK	3.2 NAME	
STREET ADDRESS	9762 N. BELFORT CIRCLE	3.3 STREET ADDRESS	<i>Jack Evenitsky, Inc 29</i>
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASS, SAUL	4.2 NAME	
STREET ADDRESS	9579 N. BELFORT CIRCLE	4.3 STREET ADDRESS	<i>Saul Gass</i>
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Saul Gass* 1/31/97 974-226-4210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036732

CR2E037 (9/96)