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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: PO BOX 189013, PLANTATION FL 33318, US
Mailing Address: % 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	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2543723	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes 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	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	2.1 TITLE	<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>Ed Spiller</i>
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	TD	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</i>
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<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	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		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)