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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09930 1. Corporation Name

BELFORT NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business
PO BOX 189013 PLANTATION FL 33318 US

FILED Feb 15, 1999 8:00 am Secretary of State

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Principal Place	e of Business		M	lailing Address	S						·			
PO BOX 18901				6 SUMMIT PRO										
PLANTATION F	FL 33318			O BOX 189013										
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2. Principal Pl	lace of Busine	SS	2a	. Mailing Add	iress					Date Incorporated or Qu	ашеа			
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Suite, Apt.	#, etc.			Suite, Apt. #	#, etc.				4.	FEI Number	•	-		lied For
22			27							59-2543723				Applicable
City & State	e			City & State	9				5.	Certificate of Status Desi	red 🗆			dditional
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Zip		Country		Zip		Cour	ntry		6.	Election Campaign Finan	ncing _	\$	5.00 M	May Be
24	2	5	29		ſ	30			İ	Trust Fund Contribution	<u> </u>	Α	dded to	Fees .
		nd Address of Curre	nt Regi	stered Agent	 ;				10.	Name and Address of	New Registered	Agent		
27.1							81	Name			•			
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SUITE C-1	100					l	"				·		. '	
PLANTATI	ON FL 3331	3				Ī	84	City				85	Zip C	ode
	•									1	<u> </u>	_ _		
11. Pursuant	to the provision	ons of Sections 617.05	02 and (617.1508, Flor	rida Statute	s, the ab	ove	-named corpo	oration	n submits this statement fo pard of directors. I hereby	or the purpose o	t chang sintmen	ing its i Las red	registered iistered
office or r	registered agei im familiar with	nt, or both, in the State n, and accept the oblig	ations o	if, Section 617	.0503, Flor	ida Statu	ites.	are corporation	113 00				\$ 114	Contract
		,												
SIGNATURE	Signature, typed or	r printed name of registered eg	ent and title	e if applicable.	(NOTE:	Registered	Agent	t signature required	when re	einstating)	DATE			
12.		OFFICERS A	ND DIR	ECTORS		13.			-	ADDITIONS/CHANGES T	TO OFFICERS A	ND DIR	ECTO	
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6.4 CITY-ST-ZIP CITY-ST-ZIP I 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 of the receiver or fustee 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 attendment with an address, with all other like empowered.

SIGNATURE: