

FILE NOW: FILING FEE IS \$61.25

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

02-15-1999 90008 010 \*\*\*\*61.25

0039175

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09930**  
 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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/25/1985</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2543723</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
24 Zip	25 Country	29 Zip
24	25	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

CASTLE PROPERTY SERVICES 4450 W SUNRISE BLVD SUITE C-100 PLANTATION FL 33313		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

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 \_\_\_\_\_ (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	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	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	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLANSKY, JAMES	5.2 NAME	
STREET ADDRESS	9767 N BELFORT CIR	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 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, with all other like empowered.

SIGNATURE \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **Saul Gass, President** 1/9/99 (954) 792-6000

CR2E037 (11/98)