


Belfort Neighborho

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90098 027 ****61.25

DOCUMENT # N09930	
1. Entity Name BELFORT NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business PO BOX 189013 PLANTATION, FL 33318 US	Mailing Address C/O CASTLE MGNT INC P O BOX 189013 PLANTATION, FL 33318 US
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50050174



2. Principal Place of Business C/O CASTLE GROUP	3. Mailing Address C/O CASTLE GROUP
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Suite, Apt. #, etc. 12270 SW 3RD STREET	Suite, Apt. #, etc. P.O. BOX 559009
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03082005 Chg-NP CR2E037 (10/03)

City & State PLANTATION, FL	City & State FT. LAUDERDALE, FL
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4. FEI Number 59-2543723	Applied For Not Applicable
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Zip 33325	Country	Zip 33355-9009	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTLE MANAGEMENT INC 4450 W SUNRISE BLVD SUITE C-100 PLANTATION, FL 33313	
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7. Name and Address of New Registered Agent (CHANGE ADDRESS ONLY)	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
12270 SW 3RD STREET	
City	PLANTATION FL Zip Code 33325

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOX, GEORGE 94191 N. BELFORT CIRCLE TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, ELAINE 9524 N BELFORT CT TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EVENTSKY, JACK 9762 N. BELFORT CIRCLE TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASS, SAUL 9579 N. BELFORT CIRCLE TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KERMAN, MICHEL 9440 S. BELFORT CIR. TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/05 (947)26-6710
Date Daytime Phone #