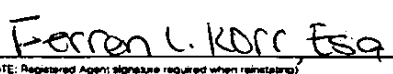


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

04-05-2007 90145 011 ****61.25

DOCUMENT # N09930			
1. Entity Name BELFORT NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US		Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US	
2. Principal Place of Business - No P.O. Box # PHOENIX Mgmt		3. Mailing Address 4800 N. STATE RD. 7 F 105	
City & State LAUDERDALE LKS, FL		4. FEI Number 59-2543723	
Zip 33319		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT INC 12270 SW 3RD ST PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name KATZMAN & KORR Street Address (P.O. Box Number is Not Acceptable) 1501 N.W. 49TH ST. STE # 202 City FT. LAUDERDALE FL Zip Code 33309	
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:  Ferron L. KORC Esq. DATE: 4/24/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, GEORGE 94181 N. BELFORT CIRCLE TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVENITSKY, JACK 9762 N. BELFORT CIRCLE TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERMAN, MICHEL 9440 S. BELFORT CIR. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT NORMAN BERNSTEIN 9714 S. BELFORT CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		Date: 4/24/07 Daytona Phone # 954-726-6710	

ATTACHMENT

66012507

#N09930

This Annual
Report Form Come
back for Signature.
You already have
the check dated
3/23/07 Chk# 261.