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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10637 (9)

1. Corporation Name

BELFORT CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 189013  
12079 SW 131ST AVE.  
PLANTATION FL 33318  
US

C/O SUMMIT PROP. MGMT  
P O BOX 189013  
PLANTATION FL 33318-9013  
US

3. Date Incorporated or Qualified  
08/12/1985

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2569310

Applied For  
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

33318

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, MILTON C.  
9879 N. BELFORT CIRCLE  
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 PD  DELETE  
NAME GREENBERG, MILTON  
STREET ADDRESS 9879 N. BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME FRANZ, RUTH  
STREET ADDRESS 9905 N. BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME HALPERIN, STANLEY  
STREET ADDRESS 9921 N. BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL

3.1 TITLE  Change  Addition  
3.2 NAME *SD ROSS, ANITA*  
3.3 STREET ADDRESS *9873 N. BELFORT CIRCLE*  
3.4 CITY-ST-ZIP *TAMARAC FL*

TITLE VD  DELETE  
NAME LEVINE, ICEY  
STREET ADDRESS 9881 N BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME SILVERSTEIN, HARRY  
STREET ADDRESS 9887 N. BELFORT CIR.  
CITY-ST-ZIP TAMARAC FL

5.1 TITLE *VD*  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Milton C. Greenberg Pres.*

1/31/97

722-9547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033700

CR2E037 (9/96)