N10637

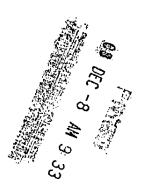
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900138501869

12/08/09--01013--011 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BELFORT CONDOMINIUM E ASSO (Name of Corporation	CIATION, INC.		
DOCUMENT NUMBER: N10637			
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the fol	lowing:		
STEVEN S. VALAI (Name of Contact Perso	NCY on)		
JENNINGS & VALANO (Firm/Company)	CY, P.A.		
(Fini/Company)			
311 SE 13TH STR (Address)	EET		
FORT LAUDERDALE, FLORIDA 33316 (City/State and Zip Code)			
For further information concerning this matter, please call:			
	954) 463-1600 ea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: BELFORT CONDOMINIUM E ASSOCIATION, INC.	
2. The principal	office address: C/O SUNDANCE PROPERTY MANAGEMENT.	
3275 WES	ST HILLSBORO BOULEVARD, SUITE 312, DEERFIELD BEACH, FLORIDA 33442	
3. The mailing a	address (if different):	
4 Date of incor	poration/qualification: 08/12/1985 Document number: N10637	
	d street address of the current registered agent and registered office on tile with the	
	rtment of State: (If resigned, enter resigned)	
	THE LAW OFFICES OF KATZMAN & KORR, P.A.	
	1501 NORTHWEST 49TH STREET SUITE 202	
	FORT LAUDERDALE, FLORIDA 33442	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	STEVEN S. VALANCY &	
	311 SE 13TH STREET	
	(PO. Box NOT acceptable)	
	FORT LAUDERDALE, FLORIDA 33316	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wathorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Henn	Winterfeld HERMAN WINTERFELD PAES INEN (Printed or typed name and title)	Y
	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
	ignature of Registered Agent) - 17 - 6 - 08	
it signing on be	ehalf of an entity:	
	Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *