

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13722 (6)**

1. Corporation Name

BELFORT CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 189013
~~12075 SW 13107 AVENUE~~
PLANTATION FL 33318
US

P O BOX 189013 N/A
~~12075 SW 13107 AVENUE~~
PLANTATION FL 33318
US

3. Date Incorporated or Qualified **03/06/1986** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2631980	<input type="checkbox"/>
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~POLK, SYLVIA~~
~~9976 N. BELFORT CIRCLE~~
~~TAMARAC FL 33321~~

81	Name	Herman Lowitz
82	Street Address (P.O. Box Number is Not Acceptable)	9992 N. Belfort Circle
83		
84	City	Tamarac
85	Zip Code	FL 33321

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 *Herman Lowitz* **HERMAN LOWITZ** *Pres* **APRIL 3 - 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWITZ, HERMAN	1.2 NAME	FD
STREET ADDRESS	9992 N. BELFORT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, SYLVIA	2.2 NAME	FD
STREET ADDRESS	9976 N. BELFORT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD MILLER, SHIRLEY	3.2 NAME	S/D MARILYN Turner
STREET ADDRESS	9976 N. BELFORT CIRCLE	3.3 STREET ADDRESS	9970 N. Belfort Circle
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Tamarac, Fla
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	4.2 NAME	
STREET ADDRESS	ANGEL, GARCIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	9998 N. BELFORT CIRCLE	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FD BERGER, MARILYN	5.2 NAME	
STREET ADDRESS	9976 N. BELFORT CIRCLE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Herman Lowitz* **HERMAN LOWITZ** **4/3/96** **726 2670**

CR2E037 (12/95)