

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N16846 (0)**

1. Corporation Name  
**BELFORT CONDOMINIUM F ASSOCIATION, INC.**



Principal Place of Business: **PO BOX 189013 PLANTATION FL 33318 US**  
Mailing Address: **% SUMMIT PROP. MGMT PO BOX 189013 PLANTATION FL 33318-9013 US**

3. Date Incorporated or Qualified: **09/17/1986**  
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2698652</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent  
**POLANSKY, JAMES  
9767 N BELFORT CIRCLE  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POLANSKY, JAMES</b>	
STREET ADDRESS	<b>9767 N. BELFORT CIRCLE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KARP, IRVING</b>	
STREET ADDRESS	<b>9747 N BELFORT CIRCLE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVEY, PEARL</b>	
STREET ADDRESS	<b>9749 N BELFORT CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, LILLIAN</b>	
STREET ADDRESS	<b>9763 N BELFORT CIR</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KAHN, BERNICE</b>	
STREET ADDRESS	<b>9737 NORTH BELFORT CIRCLE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Polansky* **James Polansky** 2/4/97 721-4028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038705

CR2E037 (9/96)