

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N16846**

1. Corporation Name

**BELFORT CONDOMINIUM F ASSOCIATION, INC.**

Principal Place of Business

PO BOX 189013  
PLANTATION FL 33318  
US

Mailing Address

C/O CASTLE GROUP  
PO BOX 189013  
PLANTATION FL 33318  
US

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90005 019 \*\*\*\*61.25

0038193



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/17/1986

4. FEI Number

59-2698652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

**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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input 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 checked="" type="checkbox"/> Addition |
| 2.2 NAME           | VD Hyman, Sydney   |
| 2.3 STREET ADDRESS | 9785 No. Belfort Circle  |
| 2.4 CITY-ST-ZIP    | TAMARAC, FL 33321  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | VD KAHN, Gilbert   |
| 3.3 STREET ADDRESS | 9737 No. Belfort Circle  |
| 3.4 CITY-ST-ZIP    | TAMARAC, FL 33321  |
| 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 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, with all other like empowered.

SIGNATURE:

*James Polansky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James Polansky, Pres.

1/8/99

(954) 792-6000

Date

Daytime Phone #

CR2E037 (11/98)