

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90113 030 \*\*\*61.25

**DOCUMENT # N16846**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2698652**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLANSKY, JAMES**  
**9767 N BELFORT CIRCLE**  
**TAMARAC FL 33321**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **POLANSKY, JAMES**  
 STREET ADDRESS **9767 N. BELFORT CIRCLE**  
 CITY-ST-ZIP **TAMARAC FL.**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **HYMAN, SYDNEY**  
 STREET ADDRESS **9785 NO. BELFORT CIR.**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **KAHN, GILBERT**  
 STREET ADDRESS **9737 NO. BELFORT CIR.**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SCHWARTZ, LILLIAN**  
 STREET ADDRESS **9763 N BELFORT CIR**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE **SD**  Change  Addition  
 NAME **KALMAN LESTER**  
 STREET ADDRESS **9779 N. Belfort Cir.**  
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **ID**  Delete  
 NAME **KAHN, BERNICE**  
 STREET ADDRESS **9737 NORTH BELFORT CIRCLE**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Polansky*  
 SIGNATURE

**James Polansky**  
**PRESIDENT**

1/20/02

954.771-4028

CR2E037 (9/01)