

Belfort Condominium

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2005 8:00 am Secretary of State

05-10-2005 90113 046 \*\*\*\*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: C/O CASTLE GROUP
3. Mailing Address: C/O CASTLE GROUP
Suite, Apt. #, etc.: 12270 SW 3RD STREET
Suite, Apt. #, etc.: P.O. BOX 559009
City & State: PLANTATION, FL
City & State: FT. LAUDERDALE, FL
4. FEI Number: 59-2698652
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent: THE LAW OFFICES OF KATZMAN & KORR, P.A.
7. Name and Address of New Registered Agent:
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:
Filing Fee is \$61.25 Due by May 1, 2005
9. Election Campaign Financing: \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS: KAHN, GILBERT; KALMAN, LESTER; KAHN, BERNICE; RUTRICK, HARRY; SALTZMAN, SHIRLEY
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10: WALDMAN, SHIRLEY
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.



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03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2698652 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: THE LAW OFFICES OF KATZMAN & KORR, P.A.
7. Name and Address of New Registered Agent:
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005
9. Election Campaign Financing: \$5.00 May Be Added to Fees
Make check payable to Florida Department of State

Table with 2 columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include names like KAHN, GILBERT, KALMAN, LESTER, KAHN, BERNICE, RUTRICK, HARRY, SALTZMAN, SHIRLEY, and WALDMAN, SHIRLEY.

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: Harry Rutrick Pres. HARRY RUTRICK 4/30/05 954-722-6520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #