2007 NOT-FOR-PROFIT CORPORATION

Apr 23, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # N16846** 04-23-2007 90062 025 ****61.25 BELFORT CONDOMINIUM F ASSOCIATION, INC. Principal Place of Business Mailing Address 4001300-C/O CASTLE GROUP 12270 SW SRD STREET C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33325 FORT LAUDERDALE, FL 33355 2. Principal Place of Business - No P.O. Box # 00 Suite, Apt. #, etc. 01252007 Chg-NP CR2E037 (12/06) -- 105 Dome City & State 4. FEI Number 59-2698652 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 333 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NORTH WEST 49TH ST., STE 202 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PRESIDENT | Delete ☐ Addition TITLE TITLE NAME SINGMAN, ARNOLD NAME STREET ADDRESS STREET ADDRESS 9739 N BELFORT CIR FORT LAUDERDALE, FL 33321 CITY-ST-ZIP CITY-ST-ZIP SECRETARY Delete ☐ Change ☐ Addition TITLE TITLE KALMAN, LESTER NAME NAME STREET ADDRESS STREET ADDRESS 9779 N BELFORT CR TAMARAC, FL CITY-ST-ZIP CITY-ST-ZiP THO GILBERT 15+ VICE Pro Delete Change ☐ Addition TITLE NAME NAME 9737 NORTH BELFORT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL ☐ Change ☐ Addition TITLE 40 T D TREASURER Delete TITLE RUTRICK, HARRY NAME NAME 9735 N. BELFORT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33321 2NO VD 2nd VICE PRES - Delete ☐ Change ☐ Addition TITLE TITLE SALTZMAN, SHIRLEY NAME NAME 9753 N. BELFORT CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY #T-ZIP CITY-ST-ZIP

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED