


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 028 ****61.25

DOCUMENT # N16846					
1. Entity Name BELFORT CONDOMINIUM F ASSOCIATION, INC.					
Principal Place of Business PHOENIX MGMT F-105 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4800 N STATE RD. 7 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business - No P.O. Box # <i>Sundance Property Management</i> Suite, Apt. #, etc. <i>3275 W. Hillsboro Blvd ST 312</i>		3. Mailing Address <i>Sundance Property Management</i> Suite, Apt. #, etc. <i>3275 W. Hillsboro Blvd ST 312</i>			
City & State <i>Deerfield Beach, FL</i>		City & State <i>Deerfield Beach, FL</i>		4. FEI Number 59-2698652	
Zip <i>33442</i>		Country <i>US</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NORTH WEST 49TH ST., STE 202 FORT LAUDERDALE, FL 33309			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGMAN, ARNOLD		NAME		
STREET ADDRESS	9739 N BELFORT CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALMAN, LESTER		NAME		
STREET ADDRESS	9779 N BELFORT CR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAHN, GILBERT		NAME		
STREET ADDRESS	9737 NORTH BELFORT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTRICK, HARRY		NAME		
STREET ADDRESS	9735 N. BELFORT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALTZMAN, SHIRLEY		NAME		
STREET ADDRESS	9753 N. BELFORT CIR.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Arnold Singman</i>		ARNOLD SINGMAN		Date: <i>1/17/08</i> Daytime Phone # <i>954-776-4774</i>	

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