FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17608** **(3)**

1. Corporation Name
BELFORT CONDOMINIUM M ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SUMMIT PROPERTY MGMT P. O. BOX 189013 PLANTATION FL 33318 US	C/O SUMMIT PROPERTY MGMT. P. O. BOX 189013 PLANTATION FL 33318 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2722345 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDBERG, MAURICE L.
9526 N. BELFORT CIR.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Maurice L. Goldberg MAURICE L. GOLDBERG 27-FEB-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, MAURICE L.	12 NAME	
STREET ADDRESS	9526 N. BELFORT CIR.	13 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MONTAGUE, IDA	22 NAME	
STREET ADDRESS	9530 N. BELFORT CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	24 CITY ST ZIP	
TITLE	~~VD~~	31 TITLE	VD ☐ Change ☐ Addition
NAME	~~LEVY, SAM~~	32 NAME	HYMAN EDELMAN
STREET ADDRESS	~~9510 N. BELFORT CIRCLE~~	33 STREET ADDRESS	9528 N. BELFORT CIRCLE
CITY ST ZIP	~~TAMARAC FL~~	34 CITY ST ZIP	TAMARAC FL
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	CHARLSON, EDYTHE	42 NAME	
STREET ADDRESS	9546 N. BELFORT CIRCLE	43 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	GROSS, HERMAN	52 NAME	
STREET ADDRESS	9508 N. BELFORT CIR.	53 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Maurice L. Goldberg MAURICE L. GOLDBERG 27-FEB-95 305-726-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010233