

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17608** (3)
1. Corporation Name
BELFORT CONDOMINIUM M ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 10/31/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2722345
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MAURICE L.	
STREET ADDRESS	9526 N. BELFORT CIR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONTAGUE, IDA	
STREET ADDRESS	9530 N. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDELMAN, HYMAN	
STREET ADDRESS	9526 N. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHARLSON, EDYTHE	
STREET ADDRESS	9546 N. BELFORT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, HERMAN	
STREET ADDRESS	9508 N. BELFORT CIR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Irving Potter</i>
2.3 STREET ADDRESS	<i>9538 N. Belfort Circle</i>
2.4 CITY-ST-ZIP	<i>Tamarac, FL</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Laura Potter</i>
4.3 STREET ADDRESS	<i>9538 N. Belfort Circle</i>
4.4 CITY-ST-ZIP	<i>Tamarac, FL</i>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Elaine Green</i>
5.3 STREET ADDRESS	<i>9524 N. Belfort Circle</i>
5.4 CITY-ST-ZIP	<i>Tamarac, FL</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 J. Goldberg* MAURICE L. GOLDBERG PRES 3/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E037 (12/95)