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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33318-9013
US

3. Date Incorporated or Qualified
10/31/1986

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2722345

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, MAURICE L.
9526 N. BELFORT CIR.
TAMARAC FL 33321

81 Name
Summit Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd.

83 Suite C-100

84 City Plantation, FL

FL

85 Zip Code
33313

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 *Gail H. Sangunett*

Gail H. Sangunett, V.P.-Administration 2/7/97

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 DELETE
NAME GOLDBERG, MAURICE L.
STREET ADDRESS 9526 N. BELFORT CIR.
CITY-ST-ZIP TAMARAC FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME IRVING POTTER
STREET ADDRESS 9538 N BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME EDELMAN, HYMAN
STREET ADDRESS 9528 N. BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

3.1 TITLE Change Addition
3.2 NAME *COVATTA, JOEL*
3.3 STREET ADDRESS *9548 N BELFORT CIRCLE*
3.4 CITY-ST-ZIP *TAMARAC FL*

TITLE SD DELETE
NAME LAURA POTTER
STREET ADDRESS 9538 N BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME ELAINE GREEN
STREET ADDRESS 9524 N BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

5.1 TITLE *PD* Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE *TD* Change Addition
6.2 NAME *LEVY, NAOMI*
6.3 STREET ADDRESS *9510 N. BELFORT CIRCLE*
6.4 CITY-ST-ZIP *TAMARAC FL*

14. I do 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 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: *Elaine Green* ELAINE GREEN 2-3-97 722-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036715

CR2E037 (9/95)