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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USC/O SUMMIT PROPERTY MGMT.  
P. O. BOX 189013  
PLANTATION FL 33318-9013  
US3. Date Incorporated or Qualified  
10/31/19863a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2722345Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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 3332181 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 reinstalling)

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 FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME IRVING POTTER  
STREET ADDRESS 9538 N BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME EDELMAN, HYMAN  
STREET ADDRESS 9528 N. BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME *VD CORRYAN, 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 FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME ELAINE GREEN  
STREET ADDRESS 9524 N BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL5.1 TITLE *PD* ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 (9/96)