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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
21	2. Principal Place of Business c/o Castle Group	26	2a. Mailing Address c/o Castle Group
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3. Date Incorporated or Qualified 10/31/1986
4. FEI Number 59-2722345
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT INC.
 4450 W SUNRISE BLVD
 STE C-100
 PLANTATION FL 33313

10. Name and Address of New Registered Agent
 81 Name
Castle Property Services Group, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration** 1/6/98
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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING POTTER	1.2 NAME
STREET ADDRESS	9538 N BELFORT CIRCLE	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMAN, JOEL	2.2 NAME
STREET ADDRESS	9548 N BELFORT CIR	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA POTTER	3.2 NAME
STREET ADDRESS	9538 N BELFORT CIRCLE	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE GREEN	4.2 NAME
STREET ADDRESS	9524 N BELFORT CIRCLE	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, NAOMI	5.2 NAME
STREET ADDRESS	9510 N BELFORT CIRCLE	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

VD Edelman, My 9528 N. Belfort Cr. TAMARAC FL
SD GREEN, MURRAY 9524 N. Belfort Cr. TAMARAC FL

14. I 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, President** 1/6/98 (954) 792-6000

CR2E037 (10/97)