

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N17608**

1. Entity Name

**BELFORT CONDOMINIUM M ASSOCIATION, INC.****FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90071 050 \*\*\*\*61.25

Principal Place of Business

**C/O CASTLE GROUP  
P. O. BOX 189013  
PLANTATION FL 33318**

Mailing Address

**C/O CASTLE GROUP  
P. O. BOX 189013  
PLANTATION FL 33318  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2722345**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CASTLE MANAGEMENT INC  
4450 W SUNRISE BLVD  
STE C-100  
PLANTATION FL 33313**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	EDELMAN, HY	9528 NO BELFORT CIRCLE	TAMARAC FL				
VD	CORMAN, JOEL	9548 N BELFORT CIR	TAMARAC FL				
SD	GREEN, MURRAY	9524 N BELFORT CIR	TAMARAC FL				
PD	ELAINE GREEN	9524 N BELFORT CIRCLE	TAMARAC FL				
TD	LEVY, NAOMI	9510 N BELFORT CIRCLE	TAMARAC FL				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Elaine Green, President** 1/21/02 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)