
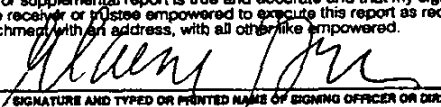


Belfort Condominium

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 022 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N17608</b> 1. Entity Name <b>BELFORT CONDOMINIUM M ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O CASTLE GROUP</b> <b>P. O. BOX 189013</b> <b>PLANTATION, FL 33318 US</b>		Mailing Address <b>C/O CASTLE GROUP</b> <b>P. O. BOX 189013</b> <b>PLANTATION, FL 33318 US</b>	
2. Principal Place of Business <b>C/O CASTLE GROUP</b>		3. Mailing Address <b>C/O CASTLE GROUP</b>	
Suite, Apt. #, etc. <b>12270 SW 3RD STREET</b>		Suite, Apt. #, etc. <b>P.O. BOX 559009</b>	
City & State <b>PLANTATION, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>	
Zip <b>33325</b>		Zip <b>33355-9009</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2722345</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE LAW OFFICES OF KATZMANN &amp; KORR, P.A.</b> <b>1501 NORTHWEST 49TH ST., STE 202</b> <b>FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EDELMAN, HY 9528 NO BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CORMAN, JOEL 9548 N BELFORT CIR TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, MURRAY 9524 N BELFORT CIR TAMARAC, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELAINE GREEN 9524 N BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURNS, ANNA 9542 N BELFORT CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty)	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		SD WEINERMAN, EDYTHE 9508 N. BELFORT CR #210 TAMARAC, FL 33321	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TD RAIMER, ALAN 9510 N. BELFORT CR #111 TAMARAC, FL 33321	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		(Empty)	
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.			
<b>SIGNATURE:</b> 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>			
<small>Daytime Phone #</small>			

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03082005 Chg-NP CR2E037 (10/03)