

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 04 1997 8:00 am
Secretary of State

DOCUMENT # N18199 (2)

1. Corporation Name

BELFORT CONDOMINIUM Q ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 189013
PLANTATION FL 33318
US

C/O SUMMITT PROP MGMT
PO BOX 189013
PLANTATION FL 33318-9013
US

3. Date Incorporated or Qualified
12/11/1986

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2722350

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GEORGE
9491 N. BELFORT CIR
TAMARAC FL 33321

81 Name Summitt Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable) 4430 W Sunrise Blvd
83 Suite 100-C
84 City Plantation FL 85 Zip Code 33378

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 617.0509, Florida Statutes.

SIGNATURE: *George Fox* / *Phyllis Lieberman* / *Jack Socholtzky* / *Miriam Rodels* / *Faith Michaelson*
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME TD LIEBMAN, PHYLLIS
STREET ADDRESS 9455 N. BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

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

TITLE DELETE
NAME VD SOCHOLTZKY, JACK
STREET ADDRESS 9481 N. BELFORT CIR.
CITY-ST-ZIP TAMARAC FL

2.1 TITLE Change Addition
2.2 NAME VD Pearlman, Millie
2.3 STREET ADDRESS 9483 N. Belfort Cir.
2.4 CITY-ST-ZIP Tamarac, FL

TITLE DELETE
NAME PD FOX, GEORGE
STREET ADDRESS 9491 N. BELFORT CIR.
CITY-ST-ZIP TAMARAC FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME SD RODELS, MIRIAM
STREET ADDRESS 9435 N BELFORT CIR
CITY-ST-ZIP TAMARAC FL

4.1 TITLE Change Addition
4.2 NAME SD Hower, Miriam
4.3 STREET ADDRESS 9471 N. Belfort Cir.
4.4 CITY-ST-ZIP Tamarac, FL

TITLE DELETE
NAME VD MICHAELSON, FAITH
STREET ADDRESS 9483 N. BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL

5.1 TITLE 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 Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *George Fox* / *Phyllis Lieberman* / *Jack Socholtzky* / *Miriam Rodels* / *Faith Michaelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1-14-97 DAYTIME PHONE # 0036763

CF2E037 (9/96)