FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18199 1. Corporation Name

BELFORT CONDOMINIUM Q ASSOCIATION, INC.

Principal Place of Business
P O BOX 189013 PLANTATION FL 33318
HE SOUTH TE SOUTH

Mailing Address C/O SUMMITT PROP MGMT

PO BOX 189013 PLANTATION FL 33318

FILED Feb 17, 1999 8:00am **Secretary of State**

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2. Principal P	lace of Business			<u> </u>		orated or Qualifed						
21		26				12/11/19 4. FEI Number						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							1 7 7 7	ied For		
22	·	27				59-2722	350			Applicable_		
City & Stat	e	City & State				5. Certificate of	of Status Desired		.\$8.75 Ad			
23		28	28						Fee Req	uired		
Zip	Country	Zip	Zìp Coun			6. Election Campaign Financing		П	\$5.00 N			
24	25 29 30						Contribution		Added to	Fees		
9. Name and Address of Current Registered Agent						10. Name and	Address of New F	Registered .	Agent			
					81 Name							
TOV 050005				82 Street Address (P.O. Box Number is Not Acceptable)								
FOX, GEORGE					82 Street Address (P.O. Box Number is Not Acceptable)							
9491 N BELFORT CIR								. ,				
TAMARAC	C FL 33321			83					· · · · · · · · · · · · · · · · · · ·			
					City			FL	85 Zip C	ode .		
										enistered		
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 [NOTE: Registered Agent signature required when reinstating) DATE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					t signature require	ADDITIONS	/CHANGES TO OF		ID DIRECTOR	RS IN 12		
12.	OFFICERS ANI		13.						Change	Addition		
TITLE	VD	(DELETE	1.1 7	TILE			."*)					
NAME	LIEBMAN, PHYLLIS		1.2 N	IAME					•			
STREET ADORESS	9455 N. BELFORT CIRCLE			TREET	ADDRESS	. 4 141	* · ·					
CITY-ST-ZIP				ITY-S	T-ZIP		<u> </u>			·		
TITLE	VD	DELETE 2						•	. Change	Addition		
NAME	1 10			AME			•		•			
,	AAAA AL DELEGOT CID			TREET	ADDRESS			•		l		
STREET ADDRESS	9401 N. DELFORT OIL.			CITY-S	T. 719							
CITY-ST-ZIP	TAMATAOTE			TILE	<u> </u>		,		☐ Change	☐ Addition		
TITLE	PD			AME						`,		
NAME .	FOX, GEORGE				TADDRECC		-			: .		
STREET ADDRESS					TADDRESS		•					
CITY-ST-ZIP	TAMARAC FL			CITY-S	ST-ZIP	······································			Change	Addition		
TITLE	SD	☐ DELETE		MLE -				•	_ ,	-		
NAME	RODELS, MIRIAM	•		NAME			and the second	17.5	1:00	13.		
STREET ADDRESS	9435 N BELFORT CIR 43			STREE	TADDRESS							
CITY-ST-ZIP	TAMARAC FL		4.4 (CITY-S	T-ZIP		·	at in the second	Chance	Addition		
TITLE	TD	☐ DELETE		TITLE					☐ Change	☐ Mudition		
NAME	DORFMAN, ELLIE		5.21	NAME			•					
STREET ADDRES	A LEA M. DELEGAT CID		5.3	STREE	TADORESS	•						
1	TAMARAC FL		5.4	CITY-S	ST-ZIP				<u> </u>			
CITY-ST-ZIP	TOWN TO I L	☐ DELETE	B.1	TITLE					Change	Addition		
i	\$ ₂	_	6.2	NAME	ŀ				٠.			
NAME	1		6.3	STREE	T ADDRESS		•					
STREET ADDRES	s		1.0									

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 with all other like empowered.

SIGNATURE:

192-6000