


Belfort Condominiu

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 018 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18199	
1. Entity Name BELFORT CONDOMINIUM Q ASSOCIATION, INC.	

Principal Place of Business P O BOX 189013 PLANTATION, FL 33318 US	Mailing Address C/O CASTLE MGMT IN PO BOX 189013 PLANTATION, FL 33318 US
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50051968



2. Principal Place of Business C/O CASTLE GROUP	3. Mailing Address C/O CASTLE GROUP
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Suite, Apt. #, etc. 12270 SW 3RD STREET	Suite, Apt. #, etc. P.O. BOX 559009
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03082005 Chg-NP CR2E037 (10/03)

City & State PLANTATION, FL	City & State FT. LAUDERDALE, FL	4. FEI Number 59-2722350	Applied For <input type="checkbox"/> Not Applicable
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Zip 33325	Country	Zip 33355-9009	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOX, GEORGE 9491 N BELFORT CIR TAMARAC, FL 33321		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, GEORGE 9491 N. BELFORT CIR. TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODELS, MIRIAM 9435 N BELFORT CIR TAMARAC, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORFMAN, ELLIE 9459 N BELFORT CIR TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCHOLITSKY, JACOB 9481 N BELFORT CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOCHOLITZKY, JEAN 9481 N. BELFORT CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP SCHWARTZ, IRWIN 9439 N. BELFORT CR #107 TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DAVIS, MELVIN 9449 N. BELFORT CR #102 TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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: George Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-05
Date

954-726-5593
Daytime Phone #