


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90056 001 ****61.25

DOCUMENT # N18199			
1. Entity Name BELFORT CONDOMINIUM Q ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US		Mailing Address C/O CASTLE MGMT IN PO BOX 559009 PLANTATION, FL 33355-9009 US	
2. Principal Place of Business - No P.O. Box # <i>PHOENIX Mgmt.</i>		3. Mailing Address <i>4800 N. STATE RD. 7</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>F-105</i>	
City & State		City & State <i>LAUDERDALE LKS, FL</i>	
Zip	Country	Zip <i>33319</i>	Country
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<i>1st</i> VICE JOHN CHAZAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DRS. 9429 N BELFORT CIR TAMARAC, FL 33321</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GHERMAN, MAURICE 9495 N BELFORT CIR FORT LAUDERDALE, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE JEAN SOCOLITSKY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9481 N BELFORT CIR TAMARAC FL 33321</i>
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	<i>2nd</i> VICE JACK SOCOLITSKY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9481 N BELFORT CIR TAMARAC, FL 33321</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIDSON, MEL 9449 N BELFORT CIR FORT LAUDERDALE, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAURFMAN, HARRIET 9453 N BELFORT CIR FORT LAUDERDALE, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>George Fox</i> George Fox		Date: <i>3-18-07</i>	Daytime Phone #: <i>954 726-5593</i>