


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90028 010 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N18199</b>			
1. Entity Name <b>BELFORT CONDOMINIUM Q ASSOCIATION, INC.</b>			
Principal Place of Business C/O PHOENIX MGMT 12270 SW 3RD STREET PLANTATION, FL 33325 US		Mailing Address 4800 N STATE RD 7 F-105 LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business - No P.O. Box # <i>Sundance Property Management</i>		3. Mailing Address <i>Sundance Property Management</i>	
Suite, Apt. #, etc. <i>3275 W. Hillsboro Blvd ST 312</i>		Suite, Apt. #, etc. <i>3275 W. Hillsboro Blvd ST 312</i>	
City & State <i>Deerfield Beach FL</i>		City & State <i>Deerfield Bch FL</i>	
Zip <i>33442</i>	Country <i>US</i>	Zip <i>33442</i>	Country <i>US</i>
4. FEI Number <b>59-2722350</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FOX, GEORGE</b> 9491 N BELFORT CIR TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAZAN, JOHN 9429 N BELFORT CIRCLE TAMARAC, FL 33321 <input 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	TD DORFMAN, ELLIE 9459 N BELFORT CIR TAMARAC, FL <input 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	S SOCOLITSKY, JEAN 9481 N BELFORT CIR TAMARAC, FL 33321 <input 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	VP SOCOLITSKY, JACK 9481 N BELFORT CIR TAMARAC, FL 33321 <input 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>		Date: <i>GEORGIE FOX Pres. 3-5-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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FL

Zip Code

*954*  
*726-5593*