

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12988

FILED  
Jun 06, 2011  
Secretary of State

**Entity Name:** BELFORT CONDOMINIUM B ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SUNDANCE PROPERTY MANAGEMENT  
9907 SOUTH BELFORT CIRCLE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

BELFORT B  
9907 SOUTH BELFORT CIRCLE  
TAMARAC, FL 33321 US

**Current Mailing Address:**

C/O SUNDANCE PROPERTY MANAGEMENT  
9907 SOUTH BELFORT CIRCLE  
TAMARAC, FL 33321 US

**New Mailing Address:**

BELFORT B  
9907 SOUTH BELFORT CIRCLE  
TAMARAC, FL 33321 US

**FEI Number:** 59-2620285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALANCY, STEVEN S  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

KUPPERMAN, DAVID A  
100 EAST LINTON BOULEVARD,  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: DAVID KUPPERMAN

06/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ISAACSON, ETHEL  
Address: 9907 S. BELFORT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: V/P  
Name: ISREAL, ROCHELLE  
Address: 9907 S. BELFORT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: S  
Name: KREITZER, MILTON  
Address: 9907 S. BELFORT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: MANNING, CLARIE  
Address: 9907 S. BELFORT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: T  
Name: VICHINSKY, EDNA  
Address: 9907 S. BELFORT CIRCLE  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ETHEL ISAACSON

PD

06/06/2011

Electronic Signature of Signing Officer or Director

Date