

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

01-24-2008 90026 032 ****61.25

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

DOCUMENT # N14262 1. Entity Name BELFORT CONDOMINIUM G ASSOCIATION, INC.																																																																																																																											
Principal Place of Business PHOENIX MGMT 12270 SW 3RD ST FORT LAUDERDALE, 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> Suite, Apt. #, etc. 3275 W. Hillsboro Blvd ST 312		3. Mailing Address <i>Sundance Property Management</i> Suite, Apt. #, etc. 3275 W. Hillsboro Blvd ST 312																																																																																																																									
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL																																																																																																																									
Zip 33442		Zip 33442																																																																																																																									
Country US		Country US																																																																																																																									
4. FEI Number 59-2650548		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent LAW OFFICES OF KATZMAN & KORR PA 1501 NORTHWEST 49TH STREET STE 202 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																											
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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>Howard Arbetsman</i> 3/5/08 954-146-3929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											