

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90148 020 ****61.25

DOCUMENT # N156301. Entity Name
BELFORT CONDOMINIUM H ASSOCIATION, INC.Principal Place of Business
**C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US**Mailing Address
**C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 33355-9009 US****50020681**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-2650549

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****THE LAW OFFICES OF KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309****7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**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 **VD** ☐ Delete
NAME **BERNSTEIN, NORMAN J**
STREET ADDRESS **9714 S BELFORT CIRCLE**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE **SD** ☐ Delete
NAME **PINCUS, BERNICE**
STREET ADDRESS **9710 S. BELFORT CIR.**
CITY-ST-ZIP **TAMARAC, FL**TITLE **PD** ☐ Delete
NAME **L'AGUIDARA, ROSARIO**
STREET ADDRESS **9728 SO. BELFORT CIR.**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE **2VP** ☒ Delete
NAME **SCHLAU, ELEANOR**
STREET ADDRESS **9718 S BELFORT CIRCLE, #108**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE **TD** ☒ Delete
NAME **ROBBINS, MAX**
STREET ADDRESS **9720 SO. BELFORT CIR.**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Change ☒ Addition
NAME **DOBKIN, ROBERTA**
STREET ADDRESS **9732 S BELFORT CIR**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROSARIO LAGUIDARA**PRESIDENT, 5/24/06****954-726-4254**