

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 045 ****61.25

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DOCUMENT # N16335 1. Entity Name BELFORT CONDOMINIUM N ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3 STREET PLANTATION, FL 33325 US		Mailing Address C/O CASTLE GROUP PO BOX 599009 33355-9009, FL 33318 US	
2. Principal Place of Business - No P.O. Box <i>C/O Sundance Property Mgmt Group</i> Suite, Apt. #, etc. 3275 W Hellebore Blvd #312 City & State Deerfield Beach, FL Zip 33442 Country Broward		3. Mailing Address <i>C/O Sundance Property Mgmt Group</i> Suite, Apt. #, etc. 3275 W Hellebore Blvd #312 City & State Deerfield Beach, FL Zip 33442 Country Broward	
4. FEI Number 59-2699130		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 THE LAW OFFICE OF KATZMAN & KORR, P.A. 1501 NW 49TH ST. 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing <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	VD GOODMAN, CHARLOTTE 9560 N BELFONTE DRIVE FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTMAN, RITA 9556 N BELFORT CT TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRY ANTMAN 9556 N BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, MARGARET 9564 N BELFORT CIR. #201 TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMPELO, ROBERT 7550 N BELFORT CIR. #204 TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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>Vernon Gutitsky Pres.</i>		Date 5/20/08 Daytime Phone # 954-354-0223	