**FILED**
**Mar 24, 2008 8:00 am**
**Secretary of State**
01-22-2008 90042 007 ****61.25

1/2

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17110

1. Entity Name
BELFORT CONDOMINIUM I ASSOCIATION, INC.

66004705

| Principal Place of Business | Mailing Address |
|---|---|
| PHOENIX MGMT.<br>12270 SW 3RD STREET<br>PLANTATION, FL 33325 US | 4800 N. STATE RD 7<br>#F-105<br>LAUDERDALE LKS, FL 33319 US |

01092008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Sundance Property Management | Sundance Property Management |
| Suite, Apt. #, etc.<br>3275 W. Hillsboro Blvd STE 312 | Suite, Apt. #, etc.<br>3275 W Hillsboro Blvd STE 312 |
| City & State<br>Deerfield Beach, FL | City & State<br>Deerfield Beach, FL |
| Zip 33442 Country US | Zip 33442 Country US |

4. FEI Number
65-0035931
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN & KORR
1501 N.W. 49TH STREET
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, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EVANS, ELIZABETH<br>9640 S BELFORT CR. # 210<br>TAMARAC, FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DAWSON, MARILYN<br>9648 S. BELFORT CIR.<br>TAMARAC, FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LIGUS, BARBARA<br>9682 S. BELFORT CIR.<br>TAMARAC, FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HAMMOND, SANDRA<br>9650 S. BELFORT CIR<br>TAMARAC, FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COPLIN, CAROLE<br>9652 S BELFORT CR<br>TAMARAC, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Carole R. Coplin CAROLE R. COPLIN 3/19/08 954-726-3419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #