


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90008 044 ****61.25

DOCUMENT # N17606 1. Entity Name BELFORT CONDOMINIUM P ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3 STREET PLANTATION, FL 33325 US		Mailing Address C/O CASTLE GROUP P O BOX 559009 FORT LAUDERDALE, FL 33355-9009 US	
2. Principal Place of Business - No P.O. Box # PHENIX MGMT.		3. Mailing Address 4800 N. STATE RD 7 F-105	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State LAUDERDALE LKS, FL	
Zip 	Country 	Zip 33319	Country
4. FEI Number 59-2722349		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 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 <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) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASS, SAUL 9579 N BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEHMAN, BEN 9599 N BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, MURIEL 9581 N. BELFONTE CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V IRWIN, LANDAU 9545 N BELFORT CR TAMARAC, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, DOROTHY 9541 N BELFORT CR #106 TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Stein, Neil N. Belfort Cir. TAMARAC, FL 33321	<input type="checkbox"/> Delete	
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>Paul J. Gass, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/15/07 (954) 726-6710 <small>Daytime Phone #</small>	