

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90207 006 ****61.25

| | | | |
|---|--|---|---|
| DOCUMENT # N17606 1. Entity Name BELFORT CONDOMINIUM P ASSOCIATION, INC. | | | |
| Principal Place of Business PHOENIX MGMT. 12270 SW 3 STREET PLANTATION, FL 33325 US | | Mailing Address 4800 N STATE RD. 7 F105 LAUDERDALE LAKES, FL 33319 US | |
| 2. Principal Place of Business - No P.O. Box # BELFORT CONDO P Suite, Apt. #, etc. 3275 W. Hillsboro Blvd City & State DEERFIELD BEACH Zip 33442 Country USA | | 3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip <i>Same</i> Country <i>Same</i> | |
| 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)</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 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEHMAN, BEN 9599 N BELFORT CIRCLE TAMARAC, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COHEN, MURIEL 9581 N. BELFONT CIRCLE TAMARAC, FL 33321 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2V IRWIN, LANDAU 9545 N BELFORT CR TAMARAC, FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STEIN, NEIL 9541 N BELFORT CR #106 TAMARAC, FL 33321 | <input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| <div style="text-align: right;"> 1/25/08 <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div> | | | |