

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90053 024 ****61.25

DOCUMENT # N17608 1. Entity Name BELFORT CONDOMINIUM M ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33328 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 # PHOENIX Mgmt		3. Mailing Address 4600 N. STATE RD. 7 Suite, Apt. #, etc. F105			
City & State LAUDERDALE LKS, FL.		City & State LAUDERDALE LKS, FL.		4. FEI Number 59-2722345	
Zip 33319		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE LAW OFFICES OF KATZMANN & KORR, P.A. 1501 NORTHWEST 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 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 _____ <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	VD EDELMAN, HY 9528 NO BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORMAN, JOEL 9548 N BELFORT CIR TAMARAC, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SQ WEINERMAN, EDYTHE 9506 N BELFORT CIRCLE, #210 TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 EUGENE CONTE SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11532 N BELFORT C TAMARAC FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELAINE GREEN 9524 N BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAIMER, ALAN 9510 N BELFORT CIRCLE, #111 TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-30-07 Daytime Phone #					