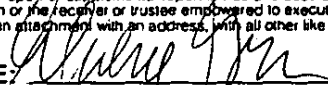


FILED
May 29, 2008 8:00 am
Secretary of State

01-24-2008 90028 018 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

1/24

DOCUMENT # N17608			
1. Entity Name BELFORT CONDOMINIUM M ASSOCIATION, INC.			
Principal Place of Business PHOENIX MGMT 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319 US		Mailing Address PHOENIX MGMT 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319 US	
2. Principal Place of Business - No P.O. Box # Sundance Property Management Suite, Apt. #, etc. 3275 W. Hillsboro Blvd ST 312 City & State Deerfield Beach, FL Zip 33442 Country US		3. Mailing Address Sundance Property Management Suite, Apt. #, etc. 3275 W. Hillsboro Blvd ST 312 City & State Deerfield Beach, FL Zip 33442 Country US	
4. FEI Number 59-2722345		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01092008 Chg-NP CR2E037 (12/06)	
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 _____ (NOTE: Registered Agent signature required when transferring) Signature, typed or printed name of registered agent and title if applicable 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	VD EDELMA, HY 9528 NO BELFORT CIRCLE TAMARAC, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EUGENE CONTE ☒ Change ☒ Addition 9530 N BELFORT CL TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORMAN, JOEL ☒ Delete 9548 N BELFORT CIR TAMARAC, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRY HESTER ☐ Change ☒ Addition 9504 N BELFORT CL TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONTE, EUGENE ☐ Delete 9530 N BELFORT CL TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTINE CONTE ☐ Change ☒ Addition 9530 N BELFORT CL TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELAINE GREEN ☐ Delete 9524 N BELFORT CIRCLE TAMARAC, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAIMER, ALAN ☐ Delete 9510 N BELFORT CIRCLE, #111 TAMARAC, FL 33321	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 of 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 recorder 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 		5-10-08 9547226761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	