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May 29, 2008 8:00 am
Secretary of State
01-24-2008 90028 018 ****61.25

1/24

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66012629

01092008 Chg-NP CR2E037 (12/06)

DOCUMENT # N17608

1. Entity Name
BELFORT CONDOMINIUM M ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PHOENIX MGMT 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319 US	PHOENIX MGMT 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319 US

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

4. FEI Number
59-2722345
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE LAW OFFICES OF KATZMANN & KORR, P.A. 1501 NORTHWEST 49TH ST., STE 202 FORT LAUDERDALE, FL 33309	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 EDELMAN, HY 9528 NO BELFORT CIRCLE TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EUGENE CONTE 9530 N BELFORT CI TAMARAC FL 33321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORMAN, JOEL 9548 N BELFORT CIR TAMARAC, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TERRY HESTER 9504 N BELFORT CI TAMARAC FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONTE, EUGENE 9530 N BELFORT CL TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHRISTINE CONTE 9530 N BELFORT CI TAMARAC FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELAINE GREEN 9524 N BELFORT CIRCLE TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAIMER, ALAN 9510 N BELFORT CIRCLE, #111 TAMARAC, FL 33321	☐ 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: _____ 5-10-08 9547226761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #