

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90005 009 \*\*\*\*61.25

<b>DOCUMENT # N19802</b> 1. Entity Name <b>BELFORT CONDOMINIUM J ASSOCIATON, INC.</b>			
Principal Place of Business <b>C/O CASTLE GROUP</b> <b>12270 SW 3RD STREET</b> <b>PLANTATION, FL 33325 US</b>		Mailing Address <b>C/O CASTLE GROUP</b> <b>12270 SW 3RD STREET</b> <b>PLANTATION, FL 33325 US</b>	
2. Principal Place of Business - No P.O. Box # <b>PHOENIX Mgmt.</b>		3. Mailing Address <b>4800 N. STATE RD. 7</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b># F-105</b>	
City & State 		City & State <b>LAUDERDALE LAKES FL</b>	
Zip 	Country 	Zip <b>33319</b>	Country 
<b>6. Name and Address of Current Registered Agent</b>  <b>THE LAW OFFICES OF KATZMAN &amp; KORR, P.A.</b> <b>1501 NORTHWEST 49TH STREET</b> <b>SUITE 202</b> <b>FORT LAUDERDALE, FL 33309</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ROSENBAUM, EDWARD 9626 S BELFORT CR, # 103 TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUBROW, SEYMOUR 9414 S BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, EDYTHE 9406 S BELFORT CIRCLE TAMARAC, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, VIOLET 9416 W. BELFORT CIRCLE TAMARAC, FL	<input 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
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.			
<b>SIGNATURE:</b> 		Date: <b>2-22-07</b> Daytime Phone #: <b>720-0161</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			