



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-29-2008 90025 011 ****61.25

DOCUMENT # N19802 1. Entity Name BELFORT CONDOMINIUM J ASSOCIATON, INC.																																																																																																																													
Principal Place of Business PHOENIX MANAGEMENT 4800 N. STATE RD.7, F-105 LAUDERDALE LAKES, FL 33319 US			Mailing Address PHOENIX MANAGEMENT 4800 N. STATE RD.7, F-105 LAUDERDALE LAKES, FL 33319 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # <i>Sundance Property Management</i> Suite, Apt. #, etc. 3275 W. Hillsboro Blvd Ste 312		3. Mailing Address <i>Sundance Property Management</i> Suite, Apt. #, etc. 3275 W. Hillsboro Blvd Ste 312		40012910 																																																																																																																									
City & State <i>Deerfield Beach, FL</i> Zip 33442		City & State <i>Deerfield Beach, FL</i> Zip 33442		01092008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2775217																																																																																																																									
Country US		Country US		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 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 _____ DATE _____ <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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">1VP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSENBAUM, EDWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9626 S BELFORT CR, # 103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUBROW, SEYMOUR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9414 S BELFORT CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, EDYTHE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9406 S BELFORT CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOLDSTEIN, VIOLET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9416 W. BELFORT CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	1VP	<input type="checkbox"/> Delete	NAME	ROSENBAUM, EDWARD		STREET ADDRESS	9626 S BELFORT CR, # 103		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	VD	<input type="checkbox"/> Delete	NAME	DUBROW, SEYMOUR		STREET ADDRESS	9414 S BELFORT CIRCLE		CITY-ST-ZIP	TAMARAC, FL		TITLE	SD	<input type="checkbox"/> Delete	NAME	MILLER, EDYTHE		STREET ADDRESS	9406 S BELFORT CIRCLE		CITY-ST-ZIP	TAMARAC, FL		TITLE	TD	<input type="checkbox"/> Delete	NAME	GOLDSTEIN, VIOLET		STREET ADDRESS	9416 W. BELFORT CIRCLE		CITY-ST-ZIP	TAMARAC, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete																																																																																																																											
NAME	ROSENBAUM, EDWARD																																																																																																																												
STREET ADDRESS	9626 S BELFORT CR, # 103																																																																																																																												
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																												
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																											
NAME	DUBROW, SEYMOUR																																																																																																																												
STREET ADDRESS	9414 S BELFORT CIRCLE																																																																																																																												
CITY-ST-ZIP	TAMARAC, FL																																																																																																																												
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																											
NAME	MILLER, EDYTHE																																																																																																																												
STREET ADDRESS	9406 S BELFORT CIRCLE																																																																																																																												
CITY-ST-ZIP	TAMARAC, FL																																																																																																																												
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																											
NAME	GOLDSTEIN, VIOLET																																																																																																																												
STREET ADDRESS	9416 W. BELFORT CIRCLE																																																																																																																												
CITY-ST-ZIP	TAMARAC, FL																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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>																																																																																																																													
<small>Date</small> _____ <small>Daytime Phone #</small> _____																																																																																																																													