2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
01-24-2008 90028 008 ****61.25

DOCUMENT # N21375

1. Entity Name
BELFORT CONDOMINIUM L ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PHOENIX MGMT 4800 N STATE RD 7, F-105 LAUDERDALE LAKES, FL 33319	PHOENIX MGMT 4800 N STATE RD 7, F-105 LAUDERDALE LAKES, FL 33319

66003873

01092008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
59-2814997
☐ 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 OFFICE OF KATZMAN & KORR, P.A. 1501 NW 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD MICHEL, HERMAN 9440 SO BELFORT CR TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Herman Michel 9440 S. Belfort Circle Tamarac 33321 Pres. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWARTZ, MONA 9444 S. BELFORT CR. TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ivonne Schwartz 9444 S. Belfort Circle Tamarac FL 33321 1st VP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KANTRA, MILLIE 9498 S. BELFORT CR #204 TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FALCO, BERNADETTE 9446 S BELFORT CR TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bernadette Falco 9446 So Belfort Cr Tamarac FL 33321 2nd VP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURNS, PAULINE 9458 SO BELFORT CR 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: Herman Michel 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #