FILED
May 19, 2008 8:00 am
Secretary of State
01-29-2008 90006 048 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22926

1. Entity Name
BELFORT CONDOMINIUM K ASSOCIATION, INC.

66010996

Principal Place of Business	Mailing Address
C/O PHOENIX MANAGEMENT 4800 NORTH STATE ROAD #7 LAUDERDALE LAKES, FL 33319 US	C/O PHOENIX MANAGEMENT 4800 NORTH STATE ROAD #7 LAUDERDALE LAKES, FL 33319 US

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
59-2843220
☐ 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 KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET SUITE 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	PD LIPSCHITZ, ALEX 9344 BELFORT CIR S TAMARAC, FL	☑ Delete	PD ROMANO, SALLY 9352 S. BELFORT CIR. TAMARAC, FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IVP ROMANO, SALLY 9352 S BELFORT CR TAMARAC, FL 33321	☐ Delete	IVP FEINSTEIN, JULIUS 9392 S. BELFORT CIR TAMARAC, FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FEINSTEIN, JULIUS 9392 S BELFORT CR TAMARAC, FL 33321	☐ Delete	SD TIVEN, SHIRLEY 9340 S. BELFORT CIR TAMARAC, FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRAUNHUT, LEONARD 9386 S BELFORT CR TAMARAC, FL 33321	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIPSCHITZ, VIVIAN 9344 S. BELFORT CIR. TAMARAC, FL 33321	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Sally Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #