
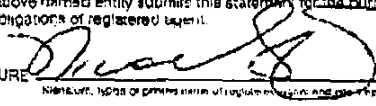
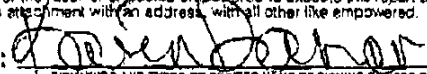


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

06 AUG 17 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010196			
1. Entity Name <b>BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433		Mailing Address 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite # <b>Swift Management &amp; Solutions</b> <b>1750 University Dr. #205</b>		Suite # <b>Swift Management &amp; Solutions</b> <b>1750 University Dr. #205</b>	
City & State <b>Coral Springs, FL 33071</b>		City & State <b>Coral Springs, FL 33071</b>	
Zip	Country	Zip	Country
4. FEI Number 83-0358278		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KASKEL, DANIEL A ESQ 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433		Name <b>SWIFT Management Solutions</b> Street Address (P.O. Box Number is Not Acceptable) <b>Swift Management &amp; Solutions</b> City <b>1750 University Dr. #205</b> <b>Coral Springs, FL 33071</b> 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 <b>1/30/06</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added in Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKEY, JOHN 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPS Karen Rainer 1409 Belmont Ln N. Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAVLIC, SUZANNE 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Orłowski 2107 Belmont Ln N. Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIERS, DIANE 7284 W PALMETTO PARK RD - STE 106 BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Jenna Lombardi 1807 Belmont Ln N. Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Al Romain 1801 Belmont Ln N. Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Angie Mendes 2707 Belmont Lane N. Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 110, 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: 		DATE <b>1/30/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

20 8/17