


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 003 \*\*\*\*61.25

**DOCUMENT # N04000010196**

1. Entity Name  
**BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC.**



60003074



01072007 Chg-NP CR2E037 (12/06)

Principal Place of Business  
**SWIFT MANAGEMENT & SOLUTIONS**  
**1750 UNIVERSITY DRIVE, #205**  
**CORAL SPRINGS, FL 33071 US**

Mailing Address  
**SWIFT MANAGEMENT & SOLUTIONS**  
**1750 UNIVERSITY DRIVE, #205**  
**CORAL SPRINGS, FL 33071 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**83-0358278**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SWIFT MANAGEMENT & SOLUTIONS**  
**1750 UNIVERSITY DRIVE, #205**  
**CORAL SPRINGS, FL 33071**

**7. Name and Address of New Registered Agent**

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, 2007**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	RAINER, KAREN	1409 BELMONT LANE	NORTH LAUDERDALE, FL 33068	<input type="checkbox"/>
VP	ORLOWSKI, DAVID	407 BELMONT LANE	NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/>
SEC	LOMBARDI, TENNA	1807 BELMONT LANE	NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/>
T	ROMAIN, AL	1801 BELMONT LANE	NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/>
D	MENDES, ANGIE	2507 BELMONT LANE	NORTH LAUDERDALE, FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	Karen Rainer	1409 Belmont Lane	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input type="checkbox"/>
V. Secretary	Charles Shaw	410 Belmont Ln.	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Michelle, Angie	3501 Belmont Ln	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	Tommerman, Michael	1108 Belmont Ln	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Belmont, James	2010 Belmont Ln	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Kathleen Jenkins Kathleen Jenkins 01/15/06 954-341-6340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #