

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751049

Entity Name: BELLE PLAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**20 ISLAND AVENUE
MIAMI BEACH, FL 33139**Current Mailing Address:**20 ISLAND AVENUE
MIAMI BEACH, FL 33139**FEI Number:** 59-2016637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	AGLIALORO, JOHN
Address	20 ISLAND AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	TARANTINO, DIEGO
Address	20 ISLAND AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	T
Name	FINERMAN, ERIC
Address	20 ISLAND AVE.
City-State-Zip:	MIAMI BEACH FL 33139

Title	SECRETARY
Name	RUGG, WENDY
Address	20 ISLAND AVENUE
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	LEEDS, DAVID
Address	20 ISLAND AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	LEE, JOHN
Address	20 ISLAND AVE
City-State-Zip:	MIAMI BEACH FL 33139

Title	DIRECTOR
Name	MILLER, JOHN
Address	20 ISLAND AVE
City-State-Zip:	MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN AGLIALORO**PRESIDENT****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date