

**2024 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 US**FEI Number:** 59-2016637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, PA  
2525 PONCE DE LEON BLVD  
SUITE 825  
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	TREASURER
Name	AGLIALORO, JOHN
Address	20 ISLAND AVENUE
City-State-Zip:	MIAMI BEACH FL 33139

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

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

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

Title	DIRECTOR
Name	MESTRE, ENRIQUE
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

Title	DIRECTOR
Name	STEGMAN, MARLA
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

TREASURER

01/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date