

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003761

Entity Name: BELMERE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4004 EDGE WATER DR
ORLANDO, FL 32804**Current Mailing Address:**4004 EDGE WATER DR
ORLANDO, FL 32804**FEI Number: 59-3722917****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RIVERA, MARY
4004 EDGE WATER DRIVE
ORLANDO, FL 32804 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 D, TREASURER
Name CLOVIS, ROY
Address 4004 EDGE WATER DR
City-State-Zip: ORLANDO FL 32804Title PRESIDENT, DIRECTOR
Name ACEITUNO, CARLOS
Address 4004 EDGE WATER DR
City-State-Zip: ORLANDO FL 32804Title DIRECTOR, SECRETARY
Name ORLANDO, JOSEPH
Address 4004 EDGE WATER DR
City-State-Zip: ORLANDO FL 32804Title DIRECTOR
Name SABATINO, ANTHONY
Address 4004 EDGE WATER DR
City-State-Zip: ORLANDO FL 32804Title DIRECTOR
Name PIZZI, GUY
Address 4004 EDGE WATER DR
City-State-Zip: ORLANDO FL 32804

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: CARLOS ACEITUNO**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date