

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007457

**FILED  
Mar 31, 2014  
Secretary of State  
CC1823538940**

**Entity Name:** BELVEDERE ISLES CONDOMINIUM ASSOCIATION INC. NO. 1

**Current Principal Place of Business:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 20-2468233

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEA BREEZE CMS, INC  
4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410 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            PRESIDENT, DIRECTOR  
Name            WALTERS, KEISHA  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER, DIRECTOR  
Name            ROMAN-REJOS, MANUAL A  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            MALLALEY, LEON  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** KEISHA WALTERS

**PRESIDENT**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date