

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007457

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

FILED
Apr 23, 2024
Secretary of State
0136556918CC

Current Principal Place of Business:

C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-2468233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES
12472 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071 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, TREASURER
Name CIFUENTES, MARIA
Address C/O SEA BREEZE CMS INC.
 4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S
Name SINGH, SAVITRI
Address C/O SEA BREEZE CMS INC.
 4227 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name EVERETT, MARTHA
Address C/O SEA BREEZE CMS INC.
 4227 NORTHLAKE BLVD
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: MARIA CIFUENTES

PRESIDENT

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date