# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N04000007457

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

# **Current Principal Place of Business:**

C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207 GREENACRES, FL 33413

# **Current Mailing Address:**

C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207 GREENACRES, FL 33413 US

# FEI Number: 20-2468233

# 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

# **Officer/Director Detail :**

	Title	PRESIDENT	Title	SECRETARY
	Name	ASHRAF, MICHAEL	Name	ALVAREZ, DALIA
	Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207	Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207
	City-State-Zip:	GREENACRES FL 33413	City-State-Zip:	GREENACRES FL 33413
	Title	TREASURER	Title	DIRECTOR
	Title Name	TREASURER ARMAN, ESTELA	Title Name	DIRECTOR DUFFLEURAND, LOUIS
	Name	ARMAN, ESTELA C/O TEAM CAMS	Name	DUFFLEURAND, LOUIS C/O TEAM CAMS

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: ESTELA ARMAN

TREASURER

04/30/2019

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date