

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007459

Entity Name: BELVEDERE ISLES CONDOMINIUM ASSOCIATION INC. NO. 2**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:** 20-2468277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF J.M. CUNHA
601 HERITAGE DR.
SUITE 424
JUPITER, FL 33458 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:** J.M. CUNHA

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ASHRAF, MICHAEL
Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207
City-State-Zip:	GREENACRES FL 33413

Title	SECRETARY
Name	ALVAREZ, DALIA
Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207
City-State-Zip:	GREENACRES FL 33413

Title	TREASURER
Name	ARMAN, ESTELA
Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207
City-State-Zip:	GREENACRES FL 33413

Title	DIRECTOR
Name	DUFFLEURAND, LOUIS
Address	C/O TEAM CAMS 6685 FOREST HILL BLVD SUITE 207
City-State-Zip:	GREENACRES FL 33413

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

Electronic Signature of Signing Officer/Director Detail

Date