

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010196

Entity Name: BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 30, 2020
Secretary of State
1937941296CC**Current Principal Place of Business:**C/O PREMIER ASSOCIATION MANAGEMENT
4502 INVERRARY BLVD
LAUDERHILL, FL 33319**Current Mailing Address:**C/O PREMIER ASSOCIATION MANAGEMENT
4502 INVERRARY BLVD
LAUDERHILL, FL 33319 US**FEI Number: 20-2041672****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VALANCY, STEVEN S
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316 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
Name	JACOBSON, BRENDA
Address	C/O PREMIER ASSOCIATION MANAGEMENT 4502 INVERRARY BLVD
City-State-Zip:	LAUDERHILL FL 33319

Title	SECRETARY
Name	JOSEMOND, BENSON
Address	C/O PREMIER ASSOCIATION MANAGEMENT 4502 INVERRARY BLVD
City-State-Zip:	LAUDERHILL FL 33319

Title	TREASURER
Name	ST HILAIRE, MARC
Address	C/O PREMIER ASSOCIATION MANAGEMENT 4502 INVERRARY BLVD
City-State-Zip:	LAUDERHILL FL 33319

Title	D
Name	GALLO, SERGIO
Address	C/O PREMIER ASSOCIATION MANAGEMENT 4502 INVERRARY BLVD
City-State-Zip:	LAUDERHILL FL 33319

Title	VP
Name	FRAGOMENI, FORTUNATO
Address	C/O PREMIER ASSOCIATION MANAGEMENT 4502 INVERRARY BLVD
City-State-Zip:	LAUDERHILL FL 33319

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: BRENDA JACOBSON**PRESIDENT****04/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date