

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010196

**Entity Name:** BELMONT AT NORTH LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**8270036020CC**

**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 & REED, P.A.  
310 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            WILLIAMS, JOYCE  
Address        C/O PREMIER ASSOCIATION  
                  MANAGEMENT  
                  4502 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

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

Title            VP, TREASURER  
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**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date