

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000511

**Entity Name:** BELLE ISLE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1 CENTURY LN  
C/O CARA GLASER APT 507  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1 CENTURY LN  
C/O CARA GLASER APT 507  
MIAMI BEACH, FL 33139 US

**FEI Number:** 90-0346434

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLASER, CARA  
1 CENTURY LN  
C/O CARA GLASER APT 507  
MIAMI BEACH, FL 33139 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:** CARA GLASER

02/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VAN HOVE, SCOTT  
Address 10 VENETIAN WAY  
APT 1204  
City-State-Zip: MIAMI BEACH FL 33139

Title T  
Name GLASER, CARA  
Address 1 CENTURY LN  
APT 507  
City-State-Zip: MIAMI BEACH FL 33139

Title S  
Name KORR, NIKKI  
Address 20 ISLAND AVENUE  
APT 606  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name BRYANT, SHAWN PATRICK  
Address 11 ISLAND AVENUE  
APT 2B  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CARA GLASER

**TREASURER**

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date