

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09930

Entity Name: BELFORT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O CCM, INC.
7124 NORTH NOB HILL RD
TAMARAC, FL 33321

Current Mailing Address:

C/O CCM, INC.
7124 NORTH NOB HILL RD
TAMARAC, FL 33321 US

FEI Number: 59-2543723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVEN B. KATZ, ESQ.
4450 NORTHWEST 126TH AVE
STE. 101
CORAL SPRINGS, FL 33065 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: STEVEN KATZ

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BELLINO, BERTA
Address C/O CCM, INC.
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title VP
Name HAZAN, THEA
Address C/O CCM, INC.
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name POULSON, KATHLEEN
Address C/O CCM, INC.
 7124 N. NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title VP
Name FLASHNER, BARRY
Address C/O CCM, INC.
 7124 NORTH NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title ASST. SECRETARY
Name VILLODAS, ALBERT
Address C/O CCM, INC.
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name WEST, JOANNE
Address C/O CCM, INC.
 7124 N. NOB HILL RD
City-State-Zip: TAMARAC FL 33321

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: POULSON , KATHLEEN

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date