

**2020 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:**

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 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: MICHAEL BENDER**

**02/12/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HIGGINS, HAROLD  
Address 7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

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

Title DIRECTOR  
Name MOGILOVSKY, STEVEN  
Address C/O CCM, INC.  
7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name SCHNEIDERMAN, MYRNA  
Address C/O CCM, INC.  
7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name PELLETIER, FRANCOIS  
Address C/O CCM, INC.  
7124 NORTH 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: HAROLD HIGGINS**

**PRES**

**02/12/2020**

Electronic Signature of Signing Officer/Director Detail

Date