## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09930

Entity Name: BELFORT NEIGHBORHOOD ASSOCIATION, INC.

**FILED** Mar 28, 2017 **Secretary of State** CC4721353907

## **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 03/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title Title **SECRETARY** 

HIGGINS, HAROLD Name Name SCHNEIDERMAN, MYRNA

Address 7124 NORTH NOB HILL RD Address C/O CCM, INC.

7124 NORTH NOB HILL RD TAMARAC FL 33321

TAMARAC FL 33321 City-State-Zip:

Title **TREASURER** Title VΡ CATURANO, JOHN Name

Name PELLETIER, FRANCOIS Address C/O CCM, INC

Address C/O CCM, INC. 7124 NORTH NOB HILL RD

7124 NORTH NOB HILL RD City-State-Zip: TAMARAC FL 33321 TAMARAC FL 33321 City-State-Zip:

Title DIRECTOR

O'CONNOR, FLORENCE Name

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.

03/28/2017 SIGNATURE: HAROLD HIGGINS **PRES**