

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

DOCUMENT# N10637

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**4936276756CC**

**Entity Name:** BELFORT CONDOMINIUM E 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: 59-2569310**

**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           TREASURER  
Name           BETANCOURT, CARMEN  
Address        C/O CCM, INC.  
                  7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           MARTINEZ, DIANE  
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 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

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

Title           DIRECTOR  
Name           CASTENADA, GLORIA  
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: POULSON , KATHLEEN**

**PRESIDENT**

**01/31/2023**

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

\_\_\_\_\_  
Date