

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10637

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**6614780438CC**

**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, STEVEN S  
311 SE 13 ST  
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            PRESIDENT  
Name            LEVY, HARRY  
Address        7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            COHEN, LEONARD  
Address        7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            PELLETIER, FRANCOIS  
Address        7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            MARTINEZ, DIANE  
Address        7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            POULSON, KATHLEEN  
Address        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: HARRY LEVY**

**PRES**

**01/23/2020**

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

\_\_\_\_\_  
Date