

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N16846

**Entity Name:** BELFORT CONDOMINIUM F ASSOCIATION, INC.

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**9368983107CC**

**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: 59-2698652**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VALANCY, STEVEN S  
311 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            PRESIDENT  
Name            HERNANDEZ, JULIA  
Address        C/O CCM, INC.  
                  7124 NORTH NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

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

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

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

Title            DIRECTOR  
Name            BARDAJI, ANTONIO  
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: JULIA HERNANDEZ**

**PRES**

**04/17/2019**

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

\_\_\_\_\_  
Date