

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18199

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

**FILED**  
**Mar 10, 2022**  
**Secretary of State**  
**5140399380CC**

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number: 59-2722350**

**Certificate of Status Desired: No**

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

KAYE BENDER REMBAUM P.L.  
1200 PARK CENTRAL BLVD. SOUTH  
#100  
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: KAYE BENDER REMBAUM**

**03/10/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHISSEL, CLIFFORD  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            BROSE, ELIZABETH  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            BECKFORD, CHARMAINE  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            RODRIGUEZ, JOSE  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            MORTON, ELINOR  
Address        C/O CONSOLIDATED COMMUNITY  
                  MANAGEMENT  
                  7124 NORTH NOB HILL ROAD  
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: CHISSEL , CLIFFORD**

**PRESIDENT**

**03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date