

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00645

1. Entity Name
BEL-KISS PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
409 W. VINE STREET
KISSIMMEE, FL 34741

Mailing Address
409 W. VINE STREET
KISSIMMEE, FL 34741



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2306689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, NAIDA
3760 CORD AVE
SAINT CLOUD, FL 34772

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000784352
01/16/08-80050-021 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AHMED, MOHAMMAD Q
STREET ADDRESS 647 W. SOUTH ST.
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VD
NAME NIEVES, IVAN
STREET ADDRESS 8019 COTE CT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE TD
NAME MARQUEZ, NAIDA
STREET ADDRESS 3760 CORD AVE
CITY-ST-ZIP SAINT CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PD c/s # 269