

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

DOCUMENT# N0100000198

**Entity Name:** BEL-AIR RESIDENTS CIVIC ASSOCIATION, INC.

**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**0257053778CC**

**Current Principal Place of Business:**

1921 BLUE WATER TERRACE SOUTH  
LAUDERDALE BY THE SEA, FL 33062

**Current Mailing Address:**

1921 BLUE WATER TERRACE SOUTH  
LAUDERDALE BY THE SEA, FL 33062 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SAINDON, DAVID S  
1921 BLUE WATER TERRACE SOUTH  
LAUDERDALE BY THE SEA, FL 33062 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           DIRECTOR  
Name           SHANNA, KOSS  
Address        1920 WATERS EDGE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

Title           TRSR  
Name           SHASTANY, ROBERT  
Address        1921 BLUE WATER TERRACE SOUTH  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

Title           DIRECTOR  
Name           MALKOON, EDMUND F  
Address        2073 OCEAN MIST DRIVE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

Title           DIRECTOR  
Name           HERBERT, ROBERT  
Address        2073 TROPIC ISLE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

Title           DIRECTOR  
Name           MEADE, JAMES D  
Address        1748 BEL AIR AVE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

Title           PRESIDENT  
Name           SAINDON, DAVID  
Address        1921 BLUE WATER TERRACE SOUTH  
City-State-Zip: LAUDERDALE BY THE SEA FL 33062

*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: DAVID SAINDON**

**PRESIDENT**

**03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date