

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000158

**Entity Name:** BALMORAL ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE SUITE 109  
DORAL, FL 33166

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE SUITE 109  
DORAL, FL 33166 US

**FEI Number:** 83-0430320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

IGLESIAS, DAVID D ESQ.  
15800 PINES BLVD.  
303  
MIAMI, FL 33027-1212 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:** DAVID IGLESIAS

01/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CORONEL-MURRAY, ANNETTE  
Address C/O GUARANTEE MANAGEMENT  
SERVICES, INC.  
3785 NW 82ND AVENUE SUITE 109  
City-State-Zip: DORAL FL 33166

Title PRESIDENT  
Name BELLO, FABIAN  
Address C/O GUARANTEE MANAGEMENT  
SERVICES, INC.  
3785 NW 82ND AVENUE SUITE 109  
City-State-Zip: DORAL FL 33166

Title TREASURER, SECRETARY  
Name NEUBER, CHUCK  
Address C/O GUARANTEE MANAGEMENT  
SERVICES, INC.  
3785 NW 82ND AVENUE SUITE 109  
City-State-Zip: DORAL FL 33166

*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:** FABIAN BELLO

PRESIDENT

01/06/2021

Electronic Signature of Signing Officer/Director Detail

Date