				CC186		
	<b>Current Prir</b>	cipal Place of Business:				
	16763 NW 77 P	АТН				
	MIAMI LAKES,	FL 33016				
	Current Mai	ling Address:				
	16763 NW 7	•				
		S, FL 33016 US				
FEI Number: 20-3361620 Certificate of S				Certificate of Status De	atus Desired: No	
Name and Address of Current Registered Agent:						
CENTOFANTI, ALEXANDRO						
16763 NW 77 PATH MIAMI LAKES, FL 33016 US						
	The above named	tered agent, or both, in the State of I	e of Florida.			
	OLONIATURE				-10/10a.	
	SIGNATURE	ALEXANDRO CENTOFANTI			04/26/2017	
	SIGNATURE	Electronic Signature of Registered Agent				
	SIGNATURE Officer/Direc	Electronic Signature of Registered Agent			04/26/2017	
		Electronic Signature of Registered Agent	Title	VP, TREASURER	04/26/2017	
	Officer/Dired	Electronic Signature of Registered Agent	Title Name	VP, TREASURER AMAYA, KATHLEEN	04/26/2017	
	Officer/Direc	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			04/26/2017	
	<b>Officer/Direc</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT CENTOFANTI, ALEXANDRO	Name	AMAYA, KATHLEEN 16763 NW 77 PATH	04/26/2017	
	<b>Officer/Direc</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT CENTOFANTI, ALEXANDRO 16763 NW 77 PATH	Name Address	AMAYA, KATHLEEN 16763 NW 77 PATH	04/26/2017	
	Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> PRESIDENT CENTOFANTI, ALEXANDRO 16763 NW 77 PATH MIAMI LAKES FL 33016	Name Address	AMAYA, KATHLEEN 16763 NW 77 PATH	04/26/2017	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BELLEMONT FARMS PROPERTY OWNERS' ASSOCIATION,

DOCUMENT# N0500008391

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: GABRIELA CENTOFANTI

16763 NW 77 PATH

MIAMI LAKES FL 33016

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

04/26/2017

FILED Apr 26, 2017

**Secretary of State** 

Date