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: HEIDI COPPOLA

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Title	PD	Title	VD
Name	ADRIEN, THIBAULT	Name	MATAJA, CHRISTOPHER
Address	853 BROADWAY, 5TH FLOOR	Address	853 BROADWAY, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10003	City-State-Zip:	NEW YORK NY 10003
Title	STD		
Name	COPPOLA, HEIDI		
Address	853 BROADWAY, 5TH FLOOR		
City-State-Zip:	NEW YORK NY 10003		

Officer/Director Detail :

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:

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 US

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000006919

Entity Name: BELMONT TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

4309 NORTHERN DANCE WAY ORLANDO, FL 32826

Current Mailing Address:

4309 NORTHERN DANCE WAY ORLANDO, FL 32826

FEI Number: APPLIED FOR

FILED Jan 19, 2023 Secretary of State 0798088563CC

Certificate of Status Desired: No

SECRETARY

Date