

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000237

Entity Name: BELLE RIVE UNIT 4 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CAM TEAM, INC.
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073

Current Mailing Address:

C/O THE CAM TEAM, INC.
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073 US

FEI Number: 59-3293001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE CAM TEAM, INC.
2233 PARK AVENUE, SUITE 103
ORANGE PARK, FL 32073 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: AMBER CARY

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HIGGINS, MICHAEL
Address C/O THE CAM TEAM, INC.
 2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title PRESIDENT
Name WATKINS, SCOTT
Address C/O THE CAM TEAM, INC.
 2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title VP
Name LORA, AIMEE
Address C/O THE CAM TEAM, INC.
 2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name KOLLA, SAI
Address C/O THE CAM TEAM, INC.
 2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name LONGHI, DANIEL
Address C/O THE CAM TEAM, INC.
 2233 PARK AVENUE, SUITE 103
City-State-Zip: ORANGE PARK FL 32073

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: SCOTT WATKINS

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date