FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709487 (3)

1. Corporation Name

BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O FLORENCE RIBEIRO 2465 HILLSIDE ~~DR~~ Ave ORANGE CITY FL 32763	C/O FLORENCE RIBEIRO 2465 HILLSIDE ~~DR~~ Ave ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1965
3a. Date of Last Report: 04/18/1994
4. FEI Number: 74-1870948 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ABELES, DAVID E., PA
#5 WEST HIGHBANKS RD.
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001431381 -03/16/95--01055--004 ****138.75
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT PD ☐ Change ☐ Addition
NAME	RIBEIRO, FLORENCE	1.2 NAME	FLORENCE RIBEIRO
STREET ADDRESS	2465 HILLSIDE DR.	1.3 STREET ADDRESS	2465 Hillside Ave. (Not Dr or
CITY-ST-ZIP	ORANGE CITY, FL 0	1.4 CITY-ST-ZIP	ORANGE CITY FL 32763 Cir.)
TITLE	VD	2.1 TITLE	Vice President VD ☒ Change ☐ Addition
NAME	~~HARTUNG, ARTHUR~~	2.2 NAME	William Roll
STREET ADDRESS	~~2375 S. PARKVIEW~~	2.3 STREET ADDRESS	2490 Pine Tree Circle
CITY-ST-ZIP	~~ORANGE CITY, FL 0~~	2.4 CITY-ST-ZIP	Orange City, FL. 32763
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SOUSA, DELORES	3.2 NAME	SAME AS BLK 12
STREET ADDRESS	2235 SE FIRST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Correspondence Sec'y ☒ Change ☐ Addition
NAME	~~RUGGERIO, ANN~~	4.2 NAME	Laura Bonic SD
STREET ADDRESS	~~760 HIGHLAND AVE.~~	4.3 STREET ADDRESS	690 Grand Plaza Drive
CITY-ST-ZIP	~~ORANGE CITY FL~~	4.4 CITY-ST-ZIP	~~Orange City, FL. 32763~~
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	KOCH, SAMUEL	5.2 NAME	SAME AS BLK 12
STREET ADDRESS	720 FAIRLAWN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	DAB 3-14
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence Ribeiro Florence Ribeiro, President February 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE

tel: 904-774-1027