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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **709487** **(3)**

1. Corporation Name

**BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIAT ION, INC.**

Principal Place of Business
Alice S. Johnston
~~C/O FLORENCE RIBEIRO~~
670 BISCAYNE DR
ORANGE CITY FL 32763
US

Mailing Address
40 Alice S. Johnston
670 BISCAYNE DR
ORANGE CITY FL 32763-7704
US

3. Date Incorporated or Qualified: 08/20/1965

4. FEI Number: 74-1870948 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 C/o Alice S. Johnston
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSTON, ALICE S | | 1.2 NAME | | |
| STREET ADDRESS | 670 BISCAYNE DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY, FL 0 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | UREMOVICH, CATHY | | 2.2 NAME | | |
| STREET ADDRESS | 740 FAIRLAWN AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOUSA, DELORES | | 3.2 NAME | | |
| STREET ADDRESS | 2235 SE FIRST ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | CS | ☒ DELETE | 4.1 TITLE | CS | ☐ Change ☐ Addition |
| NAME | BONIC, LAURA | | 4.2 NAME | Peggy Seib. | |
| STREET ADDRESS | 690 GRAND PLAZA DR. | | 4.3 STREET ADDRESS | 2245 Hillside Ave | |
| CITY-ST-ZIP | ORANGE CITY FL 32763 | | 4.4 CITY-ST-ZIP | Orange City, Fl. 32763 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ARTHUR, BROSKA | | 5.2 NAME | | |
| STREET ADDRESS | 2255 SE FIRST ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOUSA, DELORES | | 6.2 NAME | | |
| STREET ADDRESS | 2235 SE FIRST ST | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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:** Alice S Johnston President 2/20/98 (904)775-3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #