

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 002 ****70.00

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1. Entity Name

**BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC
ASSOCIATION, INC.**



Principal Place of Business

**DOLORES SOUSA
2235 SE FIRST ST.
ORANGE CITY FL 32763
US**

Mailing Address

**DOLORES SOUSA
2235 SE FIRST ST.
ORANGE CITY FL 32763
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1870948

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**ABELES, DAVID E., PA
#5 WEST Highbanks Rd.
DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LYONS, RICHARD C
STREET ADDRESS 420 E ROBERTS
CITY-ST-ZIP ORANGE CITY FL 32763 ☒ Delete

TITLE TD
NAME SOUSA, DOLORES
STREET ADDRESS 2235 SE FIRST ST
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE S
NAME MC FADDEN, JUDITH
STREET ADDRESS 610 E ROBERTS
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE VP
NAME EDWARDS, SUZY
STREET ADDRESS 620 E ROBERTS
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE CS
NAME KNOX, JOHANNA
STREET ADDRESS 2330 POINSETTIA DR
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BARTON, DAVID
STREET ADDRESS 500 E. ROBERTS
CITY-ST-ZIP ORANGE CITY, FL 32763 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 2nd. VP
NAME RUGGIERO, MICHAEL
STREET ADDRESS 2405 HILLSIDE AVE.
CITY-ST-ZIP ORANGE CITY, FL 32763 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolores H. Sousa
Dolores H. Sousa

1/31/06 386-774-1891