2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 23, 2007 08:00 AM Secretary of State **DOCUMENT # 709487** 1. Entity Namo BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address DOLORES SOUSA 2235 SE FIRST ST. ORANGE CITY FL 32763 DOLORES SOUSA 2235 SE FIRST ST **ORANGE CITY FL 32763** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & Stato City & State Applied For 4. FEI Number 74-1870948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABELES, DAVID E., PA Street Address (P.O. Box Number is Not Acceptable) #5 WEST HIGHBANKS RD. DEBARY FL 32713 City Zip Codo 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, type d or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete Mu Change ☐ Addition NAME BARTON, DAVID NAME STREET ADDRESS STREET ADDRESS U000000599860 500 E. ROBERTS CHY-SI-7P CITY-ST-7IP 01/25/07-80044-010 70.00 **ORANGE CITY FL 32763** HILL TD Delete HILE ☐ Change Addition NAMI. SOUSA, DOLORES NAME STREET ADDRESS STREET ADDRESS 2235 SE FIRST ST City - St- 7/P **ORANGE CITY FL 32763** CHY-ST-7IP HILE Delete HILE □ Change Addition NAME NAM MC FADDEN, JUDITH STREET ADDRESS STREET ADDITISS 610 E ROBERTS CHY-SI-ZIP CITY+ST-ZIP **ORANGE CITY FL 32763** MLE ☐ Delete HILL Change Addition NAME. NAME EDWARDS, SUZY STREET ADDRESS STREET LADDOESS 620 E ROBERTS CHY-SI-ZIP CITY-ST-7/P ORANGE CITY FL 32763 ☐ Delete TIME TITLE ☐ Change Addition NAME KNOX, JOHANNA STREET ADDRESS 2330 POINSETTIA DR STREET ADDRESS CITY - S1-ZIP **ORANGE CITY FL 32763** CITY-ST-ZIP TITLE Change 2VP ☐ Delete THE Addition NAME NAME RUGGIERO, MICHAEL STREET ADDRESS 2405 HILLSIDE AVE STREET ADDRESS CITY-ST-7IP **ORANGE CITY FL 32763** I heroby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE: Dolores H. Sousa Do LORES H. SOUSA /TD 1/19/07 386-774-1891

indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under early 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