2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# 709487

Entity Name: BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 74-1870948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARTON, DAVID
Address: 500 E. ROBERTS
City-St-Zip: ORANGE CITY, FL 32763

Title: TD ( ) Delete
Name: SOUSA, DOLORES
Address: 2235 SE FIRST ST
City-St-Zip: ORANGE CITY, FL 32763

Title: S ( ) Delete
Name: MC FADDEN, JUDITH
Address: 610 E ROBERTS
City-St-Zip: ORANGE CITY, FL 32763

Title: VP ( ) Delete
Name: EDWARDS, SUZY
Address: 620 E ROBERTS
City-St-Zip: ORANGE CITY, FL 32763

Title: CS ( ) Delete
Name: KNOX, JOHANNA
Address: 2330 POINSETTIA DR
City-St-Zip: ORANGE CITY, FL 32763

Title: 2VP ( ) Delete
Name: HOFFMAN, BUD
Address: 2515 HILLSIDE AVE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OSOWSKI, ALAN
Address: 2225 HILLSIDE AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH E. MCFADDEN RS 03/22/2009
Electronic Signature of Signing Officer or Director — Date