2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 17, 2003 8:00 am
Secretary of State
02-14-2003 90214 037 ****70.00

DOCUMENT # 709487

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

Principal Place of Business	Mailing Address
~~C/O WALTER DE LUCA~~ C o/Tom Buonocore ~~670 BISCAYNE DR~~ ~~ORANGE CITY FL 32763~~ ~~US~~ c/o Tom Buonocore	~~630 GRAND PLAZA DRIVE~~ ~~ORANGE CITY FL 32763~~ ~~US~~

2. Principal Place of Business	3. Mailing Address
2440 S Parkview Ave	2440 S. Parkview Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City FL	City & State: Orange City FL
Zip: 32763 Country: US	Zip: 32763 Country: US

☐ CHECK HERE IF MAKING CHANGES

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELUCA, WALTER 630 GRAND PLAZA DRIVE ORANGE CITY FL 32763	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	President Thomas Buonocore 2440 S. Parkview Ave Orange City FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARDOZA, JOHN 700 E. ROBERTS STREET ORANGE CITY FL 32763	☒ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bonnie Tanner 2200 Hillside Ave Orange City FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILBERT, HOPE 410 POINE TREE CIRCLE DRIVE ORANGE CITY FL 32763	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. ~~Delaney~~ Elaine Delaney 2360 Hillside Ave. Orange City FL 32763	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUSA, DELORES 2235 SE FIRST ST ORANGE CITY FL	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Tr. Delores Sousa 2235 S.E. 1st St. Orange City FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Sec. Ann Osawski 2225 Hillside Ave Orange City FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: Thomas Buonocore SIGNATURE REQUIRED Thomas Buonocore 2/11/03 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #