

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002514

FILED
May 01, 2022
Secretary of State
8673284523CC

Entity Name: TIMUCUA ARTS FOUNDATION, INCORPORATED

Current Principal Place of Business:

2001 HAMILTON LN
ORLANDO, FL 32806

Current Mailing Address:

2001 HAMILTON LN
ORLANDO, FL 32806

FEI Number: 20-0692046

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELT, CHRISTOPHER
2001 HAMILTON LN
ORLANDO, FL 32806 US

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: CHRISTOPHER BELT

05/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HURWITZ, ELLEN
Address 4219 PLAYER CIR
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name ZAMBITO, SAM
Address 3636 POMPAÑO CT
City-State-Zip: GOTHÄ FL

Title TREASURER
Name SCHALLER, JASON
Address 544 N. KNOWLES AVENUE
APARTMENT 530
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name WALLENBERG, GWENDOLYN
Address 1718 CHRISTY AVE
City-State-Zip: ORLANDO FL 32803

Title PAST-PRESIDENT
Name SOLIK, MARY
Address 446 EAST GRANT ST
City-State-Zip: ORLANDO FL 32806

Title SECRETARY
Name GORNEY, MATTHEW
Address 1144 WASHINGTON AVE
City-State-Zip: WINTER PARK FL 32789

Title VICE-PRESIDENT
Name HWANG, MIMI
Address 1470 ALOMA AVE
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT
Name SHARE, GEANNE
Address 9913 LAKE GEORGIA DR
City-State-Zip: ORLANDO FL 32817

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I hereby 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 all other like empowered.

SIGNATURE: CHRIS BELT

EXECUTIVE DIRECTOR

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAIDER, NUREN
Address 9768 BAY VISTA ESTATES BLVD
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name BONNEAU, REGINE
Address PO BOX 1347
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name SHARE, OLIVIA
Address 9913 LAKE GEORGIA DR
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name WHALLEY, ED
Address 400 W MORSE BLVD
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name KRZEWINSKI, EVA
Address 356 W HORNBEAM DR
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name SHETH, PARESH
Address 3650 OCITA DR
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR
Name JAY, DAVEY
Address 1215 E CONCORD ST
City-State-Zip: ORLANDO FL 32803

Title EXECUTIVE DIRECTOR
Name BELT, CHRIS
Address 1610 S PALMETTO AVE
City-State-Zip: ORLANDO FL 32806