

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002514

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**8093778962CC**

**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

04/30/2021

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

**Continues on page 2**

*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:** CHRISTOPHER BELT

**EXECUTIVE DIRECTOR**

04/30/2021

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 MICKLE, ANTHONY  
Address 1037 SHIMMERING SAND  
City-State-Zip: OCOEE FL 34761

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

Title DIRECTOR  
Name LECLAIR, MAGGIE  
Address 67 INTERLAKEN ROAD  
City-State-Zip: ORLANDO FL 32804

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