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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709487** (3)

1. Corporation Name

BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O FLORENCE RIBEIRO
2465 HILLSIDE AVENUE
ORANGE CITY FL 32763
US

C/O FLORENCE RIBEIRO
2465 HILLSIDE AVENUE
ORANGE CITY FL 32763-7965
US

3. Date Incorporated or Qualified

08/20/1965

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 **40 Alice S. Johnston**

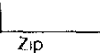
26 

Alice S. Johnston
670 Biscayne Dr.
Orange City, FL 32763-7704

22 **670 Biscayne Dr.**

27 

23 **Orange City, FL**

28 

24 **32763**

25 **Volusia**

29 **32763**

30 **Volusia**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIBEIRO, FLORENCE	
STREET ADDRESS	2465 HILLSIDE DR.	
CITY - ST - ZIP	ORANGE CITY, FL 0 32763	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROLL, WILLIAM	
STREET ADDRESS	2490 PINE TREE CIRCL E	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOUSA, DELORES	
STREET ADDRESS	2235 SE FIRST ST.	
CITY - ST - ZIP	ORANGE CITY FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	BONIC, LAURA	
STREET ADDRESS	690 GRAND PLAZA DR.	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, SAMUEL	
STREET ADDRESS	720 FAIRLAWN DR.	
CITY - ST - ZIP	ORANGE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Johnston, Alice S.
1.3 STREET ADDRESS	670 Biscayne Drive
1.4 CITY - ST - ZIP	Orange City, FL 32763
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Uremovich, Cathy
2.3 STREET ADDRESS	740 Fairlawn Ave
2.4 CITY - ST - ZIP	Orange City, FL 32763
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sousa, Delores
3.3 STREET ADDRESS	2235 S.E. First St.
3.4 CITY - ST - ZIP	Orange City, FL 32763
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bonic, Laura
4.3 STREET ADDRESS	690 Grand Plaza Dr
4.4 CITY - ST - ZIP	Orange City, FL 32763
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Broska, Arthur
5.3 STREET ADDRESS	2255 SE First St.
5.4 CITY - ST - ZIP	Orange City, FL 32763
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice S. Johnston President 3/10/97 904-775-3752
Alice S. Johnston
Date Daytime Phone # 0014405

CR2E037 (9/96)