

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90076 047 \*\*\*\*70.00

DOCUMENT # 709487

1. Corporation Name

BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

C/O JOHNSTON, ALICE. S  
670 BISCAYNE DR  
ORANGE CITY FL 32763  
US

Mailing Address

C/O JOHNSTON, ALICE. S  
670 BISCAYNE DR  
ORANGE CITY FL 32763-7704  
US



326403 - 90076 - 47

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

08/20/1965

4. FEI Number

74-1870948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 D  
NAME JOHNSTON, ALICE S  
STREET ADDRESS 670 BISCAYNE DR  
CITY-ST-ZIP ORANGE CITY, FL 0

DELETE

TITLE D  
NAME UREMOVICH, CATHY  
STREET ADDRESS 740 FAIRLAWN AVE  
CITY-ST-ZIP ORANGE CITY, FL

DELETE

TITLE S  
NAME SOUSA, DELORES  
STREET ADDRESS 2235 SE FIRST ST.  
CITY-ST-ZIP ORANGE CITY FL

DELETE

TITLE CS  
NAME SEIB, PEGGY  
STREET ADDRESS 2245 HILLSIDE AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

DELETE

TITLE D  
NAME ARTHUR, BROSKA  
STREET ADDRESS 2255 SE FIRST ST  
CITY-ST-ZIP ORANGE CITY FL

DELETE

TITLE D  
NAME SOUSA, DELORES  
STREET ADDRESS 2235 SE FIRST ST  
CITY-ST-ZIP ORANGE CITY FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Norma Cowden  
615 Parkview Ave.  
Orange City, FL 32763

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (904) 775-3752

Date Daytime Phone #

CR2E037 (11/98)