

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709487

1. Entity Name

BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIAT

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90104 028 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O JOHNSTON, ALICE. S 670 BISCAYNE DR ORANGE CITY FL 32763 US		C/O JOHNSTON, ALICE. S 670 BISCAYNE DR ORANGE CITY FL 32763-7704 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 74-1870948	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, ALICE S 670 BISCAYNE DR ORANGE CITY, FL 0 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWDEN, NORMA 615 PARKVIEW AVENUE ORANGE CITY FL 32763 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUSA, DELORES 2235 SE FIRST ST. ORANGE CITY FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SEIB, PEGGY 2245 HILLSIDE AVE ORANGE CITY FL 32763 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR, BROSKA 2255 SE FIRST ST ORANGE CITY FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, DELORES 2235 SE FIRST ST ORANGE CITY FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Vice President ☒ Change ☒ Addition Carney, Judi 660 Biscayne Dr. Orange City FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Change ☐ Addition Gilbert Hope 418 Pine Tree Circle Dr. Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/b ☒ Change ☐ Addition Freeman, George 710 Grand Plaza Drive Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Gilbert Hope 410 Pine Tree Circle Dr. Orange City, FL 32763

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Alice S. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EX37 (9/99)