

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90002 014 \*\*\*\*70.00

**DOCUMENT # 709487**

1. Entity Name  
**BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC  
ASSOCIATION, INC.**



Principal Place of Business  
C/O TOM BUONOCORE  
2440 S PARKVIEW AVE  
ORANGE CITY, FL 32763 US

Mailing Address  
2440 S PARKVIEW AVE  
ORANGE CITY, FL 32763 US

**54067387**



2. Principal Place of Business

3. Mailing Address

**Dolores Sousa**  
Suite, Apt. #, etc.  
**2235 SE First St.**  
City & State  
**Orange City**  
Zip  
**32763** Country  
**Volusia**

**Dolores Sousa**  
Suite, Apt. #, etc.  
**2235 SE First St.**  
City & State  
**Orange City, FL**  
Zip  
**32763** Country  
**Volusia**

07232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**74-1870948**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUONOCORE, THOMAS 2440 S PARKVIEW AVE ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TANNER, BONNIE 2200 HILLSIDE AVE ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOUSA, DOLORES 2235 SE FIRST ST ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSOWSKI, ANN 2225 HILLSIDE AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tanner, Bonnie</b> <b>2200 Hillside Ave</b> <b>Orange City, FL 32763</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

**Dolores H. Sousa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 4, 2004**  
Date

**386-774-1891**  
Daytime Phone #

**Dolores H. Sousa**