


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90060 016 \*\*\*\*70.00

<b>DOCUMENT # 709487</b> 1. Entity Name <b>BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>DOLORES SOUSA</b> <b>2235 SE FIRST ST.</b> <b>ORANGE CITY FL 32763</b> <b>US</b>		Mailing Address <b>DOLORES SOUSA</b> <b>2235 SE FIRST ST.</b> <b>ORANGE CITY FL 32763</b> <b>US</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>74-1870948</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent <b>ABELES, DAVID E., PA</b> <b>#5 WEST HIGHBANKS RD.</b> <b>DEBARY FL 32713</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANNER, BONNIE 2200 HILLSIDE AVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYONS, RICHARD C. 620 E. ROBERTS ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSOWSKI, ANN 2225 HILLSIDE AVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY MCFADDEN, JUDITH 610 E. ROBERTS ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT EDWARDS, SUZY 620 E. ROBERTS ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY KNOX, JOHANNA 2330 POINSETTIA DR. ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> <i>Dolores H. Sousa</i>		<i>2/19/05</i>		<i>386-774-1891</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	