FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -6 AM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760921 (7)

1. Corporation Name
BELMONT-HANGING MOSS-TIFFANCY ACRES CIVIC ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
~~2811 ROSE MOSS LN~~ P.O. BOX 4905 WINTER PARK FL 32793-1905	P.O. BOX 4905 WINTER PARK FL 32793-4905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1981
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2131753 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 7472 Wayland Bldg,	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, FL	28 City & State
24 Zip: 32807 25 Country: Orange	29 Zip 30 Country

9. Name and Address of Current Registered Agent

COOMES, C ANDREW
501 EAST CHURCH ST
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MILEWSKI, AILEEN	1.2 NAME		
STREET ADDRESS	2741 ROSE MOSS LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, GENE	2.2 NAME		
STREET ADDRESS	2811 ROSE MOSS LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	LYNCH, LOUISE	3.2 NAME		
STREET ADDRESS	2839 ANTIOCH WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	SMITH, DEBBY	4.2 NAME		
STREET ADDRESS	7472 WAYLAND	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	SD	☐ Change ☑ Addition
NAME		5.2 NAME	ANNE Leibowitz	
STREET ADDRESS		5.3 STREET ADDRESS	7476 WAYLAND BLVD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32807	
TITLE		6.1 TITLE	VD	☐ Change ☑ Addition
NAME		6.2 NAME	HANK Mollnhauer	
STREET ADDRESS		6.3 STREET ADDRESS	7426 WAYLAND Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32807	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Louise T. Lynch Louise T. Lynch 3/10/95 (407) 671-5430
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONAL OFFICER OR DIRECTOR — Date — Daytime Phone #

760921

Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

▶ For Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0127

1994

For calendar year 1994 or tax year beginning , 1994, and ending , 19

Use IRS label. Other-wise, please print or type.

AH 59-2131753 DEC94 507 9999 Y
BELMONT-HANGING MOSS CIVIC
ASSOCIATION INC
PO BOX 4905
WINTER PARK FL 32793

IRS

Employer identification number (see page 4)

Date association formed

Check applicable boxes: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended return

A	Total exempt function income. Must meet 60% gross income test (see instructions)	A	1500	—
B	Total expenditures made for purposes described in 90% expenditure test (see instructions)	B	1226	38
C	Association's total expenditures for the tax year (see instructions)	C	1226	38
D	Tax-exempt interest received or accrued during the tax year	D		

Gross Income (excluding exempt function income)

1	Dividends	1		
2	Taxable interest	2		
3	Gross rents	3		
4	Gross royalties	4		
5	Capital gain net income (attach Schedule D (Form 1120))	5		
6	Net gain (or loss) from Form 4797, Part II, line 20 (attach Form 4797)	6		
7	Other income (excluding exempt function income) (attach schedule)	7		
8	**Gross income** (excluding exempt function income). Add lines 1 through 7	8		

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9		
10	Repairs and maintenance	10		
11	Rents	11		
12	Taxes and licenses	12		
13	Interest	13		
14	Depreciation (attach Form 4562)	14		
15	Other deductions (attach schedule)	15		
16	**Total deductions.** Add lines 9 through 15	16		
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17		
18	Specific deduction of $100	18	$100	00

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17	19		
20	Enter 30% of line 19	20		
21	Tax credits (see instructions)	21		
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits	22		
23	**Payments:** a 1993 overpayment credited to 1994 — 23a			
	b 1994 estimated tax payments — 23b — c Total ▶	23c		
	d Tax deposited with Form 7004	23d		
	e Credit from regulated investment companies (attach Form 2439)	23e		
	f Credit for Federal tax on fuels (attach Form 4136)	23f		
	g Add lines 23c through 23f	23g		
24	**Tax due.** Subtract line 23g from line 22. See instructions for depositary method of tax payment	24	NONE	
25	**Overpayment.** Subtract line 22 from line 23g	25		
26	Enter amount of line 25 you want: **Credited to 1995 estimated tax** ▶ **Refunded** ▶	26		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Louise T. Ryrd — Signature of officer — 3/10/95 — Date — Treasurer — Title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's social security number

Firm's name (or yours if self-employed) and address | E.I. No. ▶ | ZIP code ▶

7/6/21

1994 Tax Info

Exempt Income

Dues	1500.00

Exempt Expenditures

Corp Fee	200.00
Maintenance	400.00
Rent	228.96
Supplies	397.42
Total	1226.38

760921

F-1120F
R. 12/94
PAGE 1

FLORIDA CORPORATE INCOME/FRANCHISE AND EMERGENCY EXCISE TAX RETURN

FOR CALENDAR YEAR 1994 OR TAX YEAR BEGINNING _____, 1994 ENDING _____, 19 __

F.E.I. NO. 59-2131753 12-94

NAME Belmont-Hanging Moss Civic Asso, Inc.

ADDRESS P.O. Box 4905

CITY/STATE/ZIP Winter Park, FL 32793-4905

044 218

- UNLESS A COPY OF THE FEDERAL RETURN IS ATTACHED THIS RETURN IS DEEMED INCOMPLETE-

COMPUTATION OF FLORIDA NET INCOME AND EMERGENCY EXCISE TAX

1.	Federal taxable income (see instructions) Attach pages 1-4 of Federal Return	1.	0
2.	State income taxes deducted in computing federal taxable income (attach schedule)	2.	0
3.	Additions to federal taxable income (from Schedule I)	3.	0
4.	Total of lines 1 thru 3	4.	0
5.	Subtractions from federal taxable income (from Schedule II)	5.	0
6.	Adjusted federal income (line 4 minus line 5)	6.	0
7.	Florida portion of adjusted federal income (see instructions)	7.	0
8.	Add nonbusiness income allocated to Florida (see instructions)	8.	0
9.	Less: Child care facility start-up costs $, and Florida exemption $ (see instr's.) Total ▶	9.	5,000
10.	Florida Net Income (line 7 plus line 8 minus line 9)	10.	0
11.	Tax due: 5.5% of line 10 or amount from line 11, Schedule VI, whichever is greater (see instructions)	11.	0
12.	Credits against the tax from line 16, Schedule V	12.	
13.	Emergency Excise Tax due (from Schedule A)	13.	0
14.	Total Income/Franchise and Emergency Excise Tax due	14.	0
15.	Penalty: F-2220 _____ Other _____ Interest: F-2220 _____ Other _____ Total ▶	15.	
16.	Total of lines 14 and 15	16.	
17.	Payment credits: Estimated Tax Payments $ _____ Tentative Tax Payment $ _____ Total ▶	17.	
18.	Total amount due or overpayment (see instructions) ☐ Check here if you transmitted funds electronically	18.	0
19.	Enter amount of overpayment credited to next year's estimated tax $ _____ or refunded $ _____		

THE FILING OF A RETURN THAT IS NOT SIGNED, OR IMPROPERLY SIGNED AND VERIFIED, WILL BE SUBJECT TO THE FAILURE TO FILE THE RETURN PENALTY. THE STATUTE OF LIMITATIONS PERIOD WILL NOT START UNTIL THE RETURN IS PROPERLY SIGNED AND VERIFIED. THIS RETURN MUST BE COMPLETED IN ITS ENTIRETY.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

3-29-95	Louise T. Rynel	Treasurer
DATE	SIGNATURE OF TAXPAYER	TITLE
DATE	SIGNATURE OF INDIVIDUAL OR FIRM PREPARING RETURN	ADDRESS OF PREPARER

DO NOT DETACH EVEN IF NO TAX IS DUE

F-1120P
R. 12/94

PAYMENT COUPON

1. HAVE YOU SIGNED YOUR CHECK?
2. HAVE YOU SIGNED YOUR RETURN?
3. HAVE YOU ATTACHED YOUR FEDERAL RETURN AND FEDERAL FORM 4562 DEPRECIATION SCHEDULE?
4. AMT FILERS-HAVE YOU ATTACHED YOUR FEDERAL FORM 4626?
5. HAVE YOU ATTACHED A COPY OF YOUR F-7004?

MAKE CHECKS PAYABLE AND MAIL TO
FLORIDA DEPARTMENT OF REVENUE
5050 W. TENNESSEE STREET
TALLAHASSEE, FL 32399-0135

F.E.I. NO. 59-2131753 YEAR ENDING 12-94

NAME Belmont-Hanging Moss Civic Asso, Inc.

ADDRESS P.O. Box 4905

CITY/STATE/ZIP Winter Park, FL 32793-4905

Name _____ F.E.I. NO. _____ 760921 TAXABLE YEAR ENDING _____

SCHEDULE A — COMPUTATION OF EMERGENCY EXCISE TAX

1.	Total depreciation expense deducted on Federal 1120	1. 0
2.	Florida portion of adjusted Federal income from page 1, line 7 of F-1120 or Line 7, Schedule VI (see instructions)	2. 0
3.	If line 2 shows a gain, enter 0. If line 2 shows a loss or zero, enter loss carry forward from line 2, Schedule II, or line 4, Schedule IV, of F-1120	3. 0
4.	Subtract line 3 from line 2 and enter here. NOTE: If a loss carry forward shown on line 3 exceeds a loss on line 2, enter positive difference of the loss amounts shown	4. 0
5.	Enter all depreciation federally deducted pursuant to S. 168 of the I.R.C. for assets placed in service 1/1/81 to 1/1/87	5. 0
6.	Enter all straight line depreciation federally deducted pursuant to S168(b)(3) of the Internal Revenue Code and 60% of amounts of depreciation previously taxed on Schedule VI (For assets placed in service 1/1/81 to 1/1/87)	6. 0
7.	Enter all depreciation deducted pursuant to I.R.C. section 168 which is directly related to any amount shown as nonbusiness income	7. 0
8.	Subtract the sum of lines 6 and 7 from the amount on line 5 and enter result here	8. 0
9.	Enter 40% of line 8	9. 0
10.	Enter Florida apportionment factor shown in Schedule IIIA or IIID of F-1120. Taxpayers which are 100% in Florida enter 1.0	10. 1.0
11.	Multiply line 9 by line 10 and enter here	11. 0
12.	Enter the product of depreciation federally deducted pursuant to I.R.C. S168 (except pursuant to S. 168(b)(3)) used in computing nonbusiness income allocated to Florida times .4	12. 0
13.	Enter the sum of lines 11 and 12	13. 0
14.	Enter loss shown on line 4. NOTE: If line 4 does not show a loss, enter 0	14. 0
15.	Enter the portion of the exemption provided in S.220.14, F.S. not used for chapter 220 purposes, if any. If none, enter 0	15. 0
16.	Reduce line 13 by the sum of the amounts on lines 14 and 15, if any, and enter here	16. 0
17.	Multiply line 16 by 2.5 and enter here. If line 16 shows a loss, enter 0	17. 0
18.	Total tax due (2.2% of line 17)	18. 0
19.	Emergency Excise Tax Credit _____ Emergency Excise Tax Credit Carryover _____ Total ▶	19. 0
20.	Balance of tax due (Enter on line 13, page 1)	20. 0

ALL TAXPAYERS ARE REQUIRED TO ANSWER QUESTIONS A THROUGH O BELOW

A. State of incorporation Florida

B. Florida Secretary of State Document Number 760921

C. Consolidated Return Yes ☐ No ☒

D. ☐ Initial Return ☐ Final Return (cease doing business)

E. Standard Industry Code (SIC) _____
Florida Activity Code (if different) _____

F. Taxpayer election S. 220.03(5), F.S
☒ General Rule ☐ Election A ☐ Election B

G. Did you file for an extension of time? ☐ Yes ☒ No
Attach a copy of form F-7004

H. Is taxpayer a member of a controlled group as defined by I.R.C. Section 1563 - Attach list ☐ Yes ☒ No
If yes, parent corp. _____ (Name) F.E.I. NO. _____

I. Location of corporate books: 2839 Antioch Way, Orlando, FL 32
Street Address City State

	Yes	No	
J.	☐	☒	Is taxpayer a member of a Florida partnership or joint venture
K.	☐	☒	Has corporation elected to be taxed under Subchapter S, I.R.C. for this tax year? If "yes", see instructions for filing and attach copy of 1120S.
L.	☒		Does taxpayer file federal 1120H? If "yes", see instructions.
M.	☐	☒	Is taxpayer exempt from federal income tax under I.R.C. Sec 501(a)? If "yes", attach a copy of "determination letter" to the initial return under this code. See instructions.
N.	☐	☐	Show date of latest IRS audit NONE years examined ___
O.	☐	☐	Enter contact person for questions concerning this return

Louise T. Lynch (407) 671-543
Name Phone