

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760921 (7)**

1. Corporation Name  
**BELMONT-HANGING MOSS-TIFFANCY ACRES CIVIC ASSOCIATION, INC.**



Principal Place of Business: **7472 WAYLAND BLDG P.O. BOX 4906 ORLANDO FL 32807 US**  
Mailing Address: **P.O. BOX 4906 WINTER PARK FL 32793-4905 US**

3. Date Incorporated or Qualified: **12/04/1981**  
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business  
21 **7465 Faculty Drive**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Orlando, Florida**  
Zip Country  
24 **32807** 25 **US**

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILEWSKI, AILEEN</b>	1.2 NAME	<b>Dewey A. Vaughn</b>
STREET ADDRESS	<b>2741 ROSE MOSS LANE</b>	1.3 STREET ADDRESS	<b>7465 Faculty Drive</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, Florida 32807</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, GENE</b>	2.2 NAME	
STREET ADDRESS	<b>2811 ROSE MOSS LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, LOUISE</b>	3.2 NAME	
STREET ADDRESS	<b>2839 ANTIOCH WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DEBBY</b>	4.2 NAME	
STREET ADDRESS	<b>7472 WAYLAND</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIBOWITZ, ANNE</b>	5.2 NAME	
STREET ADDRESS	<b>7476 WAYLAND BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLLHAUER, HANK</b>	6.2 NAME	
STREET ADDRESS	<b>7426 WAYLAND BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	

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)(k), 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: *Dewey A. Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **3-9-96** Daytime Phone #: **(407) 678-1488**

CR2E037 (12/95)