FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # 760921 (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
7465 FACULTY DRIVE ORLANDO FL 32807 US	P.O. BOX 4905 WINTER PARK FL 32793-4905 US

3. Date Incorporated or Qualified: 12/04/1981

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 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 _____ 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	TD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	VAUGHN, DEWEY A.		1.2 NAME	GRANT LEVY	
STREET ADDRESS	7465 FACULTY DRIVE		1.3 STREET ADDRESS	7445 FACULTY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP	ORLANDO, FL., 32807	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LYNCH, LOUISE		2.2 NAME	BOB NEMES	
STREET ADDRESS	2839 ANTIOCH WAY		2.3 STREET ADDRESS	7440 FACULTY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000		2. 4 CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DEBBY		3.2 NAME		
STREET ADDRESS	7472 WAYLAND		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEIBOWITZ, ANNE		4. 2 NAME		
STREET ADDRESS	7476 WAYLAND BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOLLNHAUER, HANK		5.2 NAME		
STREET ADDRESS	7426 WAYLAND BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, BILLY		6.2 NAME		
STREET ADDRESS	7472 WAYLAND BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [illegible] TREASURER 1/22/98 (407) 678-1483