FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90009 036 ****61.25

0016011

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760921**

1. Corporation Name

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

124154 · 90009 · 36

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

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

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

4. FEI Number: 59-2131753 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	Secretary	☐ Change ☒ Addition
NAME	VAUGHN, DEWEY A.		1.2 NAME	HARRIS, SUSAN T.	
STREET ADDRESS	7465 FACULTY DRIVE		1.3 STREET ADDRESS	2807 MOSS GROVE BLVD	
CITY-ST-ZIP	ORLANDO FL 32807-6404		1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	PD	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LEVY, GRANT		2.2 NAME	DIANE HORSLEY	
STREET ADDRESS	7445 FACULTY DRIVE		2.3 STREET ADDRESS	7301 ENGLISH MOSS LANE	
CITY-ST-ZIP	ORLANDO, FL 32807		2.4 CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NEMES, BOB		3.2 NAME	MASTERS, JERRY	
STREET ADDRESS	7440 FACULTY DR		3.3 STREET ADDRESS	2719 MOSS GROVE BLVD	
CITY-ST-ZIP	ORLANDO FL 32807		3.4 CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	VD	☐ 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	[redacted]	
NAME	MOLLNHAUER, HANK		5.2 NAME		
STREET ADDRESS	7426 WAYLAND BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/31/99 (407)678-1483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #