

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760921

Entity Name: BELMONT-HANGING MOSS-TIFFANCY ACRES CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**7445 FACULTY DR
ORLANDO, FL 32807**Current Mailing Address:**7445 FACULTY DR
ORLANDO, FL 32807 US**FEI Number: 59-2131753****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEVY, GRANT J
7445 FACULTY DR.
ORLANDO, FL 32807 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HARRIS, SUSAN
Address	2807 MOSS GROVE BLVD
City-State-Zip:	ORLANDO FL 32807

Title	TREASURER
Name	LEVY, GRANT J
Address	7445 FACULTY DRIVE
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	GRAHAM, TAMMY
Address	7480 WAYLAND BLVD.
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	SCHERER, BOB
Address	2813 MOSS GROVE BLVD.
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	O'DONNELL, DIANE
Address	2729 ROSE MOSS LANE
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	LEVY, JOY
Address	7445 FACULTY DRIVE
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR, SECRETARY
Name	LANGANKE, PAT
Address	7443 WAYLAND BLVD
City-State-Zip:	ORLANDO FL 32807

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRANT J. LEVY**TREASURER****04/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date