

2017 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:**P.O. BOX 4905
WINTER PARK, FL 32793-4905 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 32807Title DIRECTOR
Name GRAHAM, TAMMY
Address 7480 WAYLAND BLVD.
City-State-Zip: ORLANDO FL 32807Title DIRECTOR
Name GHIRGHI, MARTHA
Address 7457 FACULTY DR.
City-State-Zip: ORLANDO FL 32807Title DIRECTOR, SECRETARY
Name LANGANKE, PAT
Address 7443 WAYLAND BLVD
City-State-Zip: ORLANDO FL 32807Title TREASURER
Name LEVY, GRANT J
Address 7445 FACULTY DRIVE
City-State-Zip: ORLANDO FL 32807Title VP
Name LEIBOWITZ, ANNE
Address 7476 WAYLAND BLVD
City-State-Zip: ORLANDO FL 32807Title DIRECTOR
Name LEVY, JOY
Address 7445 FACULTY DRIVE
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 LEVY**TREASURER****04/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date