

Florida Department of Economic Opportunity, Special District Accountability Program
FY 2019/2020 Special District Fee Invoice and Update Form
 Required by Sections 189.064 and 189.018, Florida Statutes, and Chapter 73C-24, Florida Administrative Code

Invoice No.: 73135			Date Invoiced: 10/01/2019
Annual Fee: \$175.00	Late Fee: \$0.00	Received: \$0.00	Total Due, Postmarked by 12/02/2019: \$175.00

STEP 1: Review the following information, make changes directly on the form, and sign and date:

1. Special District's Name, Registered Agent's Name, and Registered Office Address:



Brevard County Housing Finance Authority

Ms. Angela A. Abbott
 4420 South Washington Avenue
 Titusville, FL 32780

- 2. Telephone: (321) 264-0334
- 3. Fax: (321) 269-6840
- 4. Email: angelaabbott@cfl.rr.com
- 5. Status: Dependent
- 6. Governing Body: Local Governing Authority Appoints
- 7. Website Address: www.brevardhfa.org/special-district-information
- 8. County(ies): Brevard
- 9. Function(s): Housing Finance
- 10. Boundary Map on File: 10/07/2014
- 11. Creation Document on File: 11/23/1981
- 12. Date Established: 03/15/1979
- 13. Creation Method: Local Ordinance
- 14. Local Governing Authority: Brevard County
- 15. Creation Document(s): County Ordinances 79-09 and 84-16
- 16. Statutory Authority: Chapter 159, Part IV, Florida Statutes
- 17. Authority to Issue Bonds: Yes
- 18. Revenue Source(s): Other
- 19. Most Recent Update: 10/24/2018

I do hereby certify that the information above (changes noted if necessary) is accurate and complete as of this date.

Registered Agent's Signature: _____ Date _____

STEP 2: Pay the annual fee or certify eligibility for the zero fee:

- a. **Pay the Annual Fee:** Pay the annual fee online by following the instructions at www.Floridajobs.org/SpecialDistrictFee or by check payable to the Department of Economic Opportunity.
- b. **Or, Certify Eligibility for the Zero Fee:** By initialing each of the following items, I, the above signed registered agent, do hereby certify that to the best of my knowledge and belief, **ALL** of the following statements contained herein and on any attachments hereto are true, correct, complete, and made in good faith as of this date. I understand that any information I give may be verified.
 - 1. ___ This special district and its Certified Public Accountant determined the special district is not a component unit of a local general-purpose government.
 - 2. ___ This special district is in compliance with the reporting requirements of the Department of Financial Services.
 - 3. ___ This special district reported \$3,000 or less in annual revenues to the Department of Financial Services on its Fiscal Year 2017/2018 Annual Financial Report (if created since then, attach an income statement verifying \$3,000 or less in revenues).

Department Use Only: Approved: ___ Denied: ___ Reason: _____

STEP 3: Make a copy of this form for your records.

STEP 4: Mail this form and payment (if paying by check) to the Department of Economic Opportunity, Bureau of Budget Management, 107 E. Madison Street, MSC 120, Tallahassee, FL 32399-4124. Direct any questions to (850) 717-8430.