

Unit Information

Unit Type: Special District

Year: 2020

Unit Name: Altamonte Springs Health Facilities
Authority

Unit Dependency: Dependent

Unit Status: Active

Location Information

Name:

Title:

Phone:

Address:

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Contact Information

Name:

Title:

Phone:

Email:

Address:

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AFR Details

Original AFR

AFR Status: Verified By DFS

AFR Received Date: 4/20/2021

Audit Received Date: 4/20/2021

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

Certification

Chief Financial Officer

Name:

Title:

Chairman/Elected Official

Name:

Title:

Yes No

Have You Experienced a Financial Emergency in this year?

☐☐

If Yes, Have You Compiled With Section 218.503(2), Florida Statutes?

☐☐

Revenues Report for FYE 2020

Expenditures Report for FYE 2020

**Data Element Worksheet Report for FYE: 2020, Altamonte Springs
Health Facilities Authority**

Affiliates Report for FYE 2020