

Unit Information

Unit Type: Special District Year: 2011
Unit Name: Altamonte Springs Health Facilities Auth Unit Dependency: Dependent
Unit Status: Active

Location Information

Name: Mrs. Patsy Wainwright
Title: Registered Agent
Phone: (407) 571-8093

Address:
225 Newburyport Avenue
Altamonte Springs, FL 32701-3697

Contact Information

Name: Ms. Cam McCoy
Title: Deputy Finance Director
Phone: (407) 571-8093
Email: camccoy@altamonte.org

Address:
225 Newburyport Ave
Altamonte Springs, FL 32701-3697

AFR Details

Original AFR

AFR Status: Certified
AFR Received Date: 3/26/2012
Audit Received Date: 4/12/2012
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:

Have You Experienced a Financial Emergency in this year?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Revenues Report for FYE 2011

Expenditures Report for FYE 2011

**Data Element Worksheet Report for FYE: 2011, Altamonte Springs
Health Facilities Auth**

Affiliates Report for FYE 2011