Unit Information

Unit Type: Special District

Year: 2016

Unit Name: Altamonte Springs Health Facilities Authority

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

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 Statues?	☐	☐

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 3/29/2017

Audit Received Date: 10/12/2017

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

Revenues Report for FYE 2016

Expenditures Report for FYE 2016

Data Element Worksheet Report for FYE: 2016, Altamonte Springs Health Facilities Authority

Affiliates Report for FYE 2016