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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709922

1. Corporation Name
OZELLO CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14095 W OZELLO TR CRYSTAL RIVER FL 34429 US	14095 W OZELLO TR CRYSTAL RIVER FL 34429 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/15/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2945820 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VAN GELDER, MARJORIE
5800 S OAKRIDGE DR
HOMOSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VEEDER, ROBERT		1.2 NAME		
STREET ADDRESS	3460 W SUSAN LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL 34461		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BENSON, CARL		2.2 NAME		
STREET ADDRESS	1517 S FISHCREEK PT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEBUSK, JOAN		3.2 NAME		
STREET ADDRESS	1150 STRAY OAK TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	RIPPEY, DONALD		4. 2 NAME		
STREET ADDRESS	578 N. LAKE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HAYDEN, FRANCIS		5.2 NAME		
STREET ADDRESS	14415 W EBBTIDE CT		5.3 STREET ADDRESS	3450 W. SUSAN LN.	
CITY-ST-ZIP	CRYSTAL RIVER FL		5.4 CITY-ST-ZIP	LECANTO, FL. 34461	
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN GELDER, MARJORIE		6.2 NAME		
STREET ADDRESS	5800 S. OAKRIDGE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/17/99 (352) 527-3086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)