# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 24, 2005 8:00 am**
**Secretary of State**
02-24-2005 90036 040 ****61.25

DOCUMENT # 709922

1. Entity Name

OZELLO CIVIC ASSOCIATION, INC.

40022560

1st MOORE CR2E037 (10/04)

| Principal Place of Business | Mailing Address |
|---|---|
| 14095 W OZELLO TR<br>CRYSTAL RIVER FL 34429<br>US | 14095 W OZELLO TR<br>CRYSTAL RIVER FL 34429<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2945820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BENSON, CARL A
1517 S FISH CREEK POINT
CRYSTAL RIVER FL 34429

**7. Name and Address of New Registered Agent**

Name same

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carl A. Benson TREASURER 2/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GRIFFITH, BETTY<br>1819 S. WATER BIRD PT<br>CRYSTAL RIVER FL 34429 | ☑ Delete | PD<br>Barbara Elvens<br>13915 W Ozello Tr.<br>Crystal River, FL 34429 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD T.<br>BENSON, CARL<br>1517 S FISHCREEK PT<br>CRYSTAL RIVER FL 34429 | ☐ Delete | DV<br>Vali Vivi<br>1763 S Waterbird Pt<br>Crystal River, FL 34429 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DILDINE, MARCIA<br>5650 W. MEADOW ST.<br>HOMOSASSA SP. FL 34447 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>VAN GELDER, MARJORIE<br>5800 S. OAKRIDGE DR.<br>HOMOSASSA SPRINGS FL 34447 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KNISLEY, DAVID<br>2010 S. HUNT PT<br>CRYSTAL RIVER FL 34429 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl A. Benson - CARL A. BENSON 2/22/05 352-563-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #