

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709922

FILED
Jan 23, 2009
Secretary of State

Entity Name: OZELLO CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

14095 W OZELLO TR
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

14095 W OZELLO TR
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2945820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELVERS, BARBARA
13915 W. OZELLO TR
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

PACE, CURT
569 N LAKE CIRCLE
CRYSTAL RIVER, FL 34429 US

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.

SIGNATURE: CURT PACE

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELVANS, BARBARA
Address: 13915 W OZELLA TR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: V () Delete
Name: HARRIS, TOM
Address: 1543 S WALLACE PT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ST () Delete
Name: TREAT, CECELIA
Address: 21 N SPANGLER LOOP
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: PACE, KIM
Address: 569 N LAKE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: DEBUSK, JOANN
Address: 1150 S STRAY OAK TR
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PACE, CURT
Address: 569 N LAKE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: V (X) Change () Addition
Name: CHAPEL, MARY LOU
Address: 14188 W SANDDOLLAR LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA TREAT

SEC

01/23/2009

Electronic Signature of Signing Officer or Director

Date