

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709922

FILED  
Feb 09, 2010  
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:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PACE, CURT  
**Address:** 569 N LAKE CIRCLE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**Title:** V  
**Name:** CHAPEL, MARY LOU  
**Address:** 14188 W SANDDOLLAR LANE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** CECELIA TREAT

TREA

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date