

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 23, 2010
Secretary of State

DOCUMENT# 709922

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:**BATES, WILBUR
2030 S. HUNT POINT
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: WILBUR BATES

07/23/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: BATES, WILBUR
Address: 569 N LAKE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: V
Name: MOORE, CLARK
Address: 14421 W. SEASHELL COURT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ST
Name: MOTT, JOAN
Address: 1632 S. WALLACE POINT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D
Name: TOMPKINS, GARY
Address: 1395 S. OZELLO RAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D
Name: LEONS, LARRY
Address: 2304 S. RIPPLE PATH
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D
Name: BELLER, JANE
Address: 549 N. LAKE CIRCLE
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: JOAN MOTT

ST

07/23/2010

Electronic Signature of Signing Officer or Director_____
Date