

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2008  
Secretary of State**

DOCUMENT# N06000011629

Entity Name: OZONA PRESERVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1964 BAYSHORE BLVD  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1964 BAYSHORE BLVD  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 87-0792291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CIANFRONE, JOSEPH R  
1964 BAYSHORE BLVD  
DUNEDIN, FL 34698      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: D      ( ) Delete  
Name: SCARTOZZI, ROBERT A  
Address: 1877 N HIGHLAND AVE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D      ( ) Delete  
Name: BOUCHARD, RICHARD E  
Address: 101 STARCREST DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: D      ( ) Delete  
Name: BOUCHARD, TIMOTHY A  
Address: 101 STARCREST DRIVE  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT A. SCARTOZZI

Electronic Signature of Signing Officer or Director

DIRE

04/10/2008

\_\_\_\_\_ Date