2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

Apr 11, 2008 8:00 am DOCUMENT # 712249 Secretary of State 1. Entity Name 04-11-2008 90041 011 ****61.25 OZELLO WATER ASSOCIATION, INC. Principal Place of Business Mailing Address 9769 W. OZELLO TRAIL CRYSTAL RIVER FL 32629 9769 W. OZELLO TRAIL CRYSTAL RIVER FL 32629 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1208603 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL JOHN MANZOLI HIGGS, CLYDE H Street Address (P.O. BOX Number is Not Acceptable) DRIVE 11685 WEST COQUINA CT CRYSTAL RIVER FL 34429 Zip Code 34429 CRYSTAL RIVER 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. 3/19/08 MICHAEL FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delate Change Addition SEXTON, ERWIN NAME NAME STREET ADDRESS 2505 S DIECIDUE DR STREET ADDRESS CRYSTAL RIVER FL 34429 CITY - ST - ZIP CITY - ST - ZiP Delate Addition TITLE TITLE Change MANZOLI, MICHAEL J NAME NAME 25 NORTH COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-ZIP TITLE X Calate TITLE Change acilibha [HIGGS, CLYDE H NAME NAME 11685 W COQUINA COURT STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-\$T-ZiP CITY-ST-ZIP ☐ Delate TITLE Vice President K Change THILE ☐ Addition Kalix, John Sr KALIX, JOHN SR NAME NAME 578 S CROOKED TREE PATH STREET ADDRESS 578 S Crooked Tree Path STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIE CITY-ST-ZiP Homosassa, FL 34448 ☐ Delete MILL ☐ Change ☐ Addition TITLE BOYLE, JONATHAN E NAME NAME 2141 N WATERSEDGE DRIVE STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-ZIP Addition [THILE ☐ Delete TITLE Change CUNNINGHAM, MARJORIE A NAME NAME 2064 SOUTH MOONLIT POINT STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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:

Merel of the March.

3/19/08

352-795-5331

FILED