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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733929** (4)
 1. Corporation Name
OLA BEACH IMPROVEMENT ASSOCIATION

Principal Place of Business Mailing Address

6909 SADLER AVE 6909 SADLER AVE
 P O BOX 181 P O BOX 181
 TANGERINE FL 32777 TANGERINE FL 32777

2. Principal Place of Business 2a. Mailing Address

21 **6924 Oswego Dr.** 26 **P.O. Box 181**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Mt. Dora, FL** 28 **Tangerine, FL**
 Zip Zip Country Country

24 **32757** 25 **USA** 29 **32757** 30 **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/25/1975 **03/02/1994**

4. FEI Number Applied For
59-6178082 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GUNGER, LINDA K
6909 SADLER AVE
MT DORA FL 32757

81 Name **David Holloway**
 82 Street Address (P.O. Box Number is Not Acceptable) **6924 OSWEGO DR**
 83
 84 City **Mt. Dora** FL 85 Zip Code **32757**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE David Holloway David Holloway DATE 4/21/95

Signature (typed or printed name of registered agent and) also if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE P | GOODWIN, LAWRENCE 6831 OSWEGO DR MT.DORA FL | 11 TITLE P | Terry SWITZER 6838 OSAGE DR Mt. Dora FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | JOHNSON, KENNETH 6827 OSCEOLA DR MT.DORA FL | 21 TITLE VP | Bill Pelick 4635 OLA BCH DR Mt. Dora, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | SWITZER, TERRY 6838 OSAGE DR MT DORA, FL 32757 | 31 TITLE S | Melissa Goodwin 6831 OSWEGO DR Mt. Dora, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | PELICK, DIANE 4635 OLA BCH DR MT.DORA FL | 41 TITLE T | David Holloway 6924 OSWEGO DR Mt. Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE ST | GUNGER, LINDA 6909 SADLER AVE MT.DORA FL | 51 TITLE D | Tom Whitley 4611 OLA BEACH DR Mt. Dora, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | CAPULLO, HARVEY 6915 OSWEGO DR MT.DORA FL | 61 TITLE D | Jeanette Watson 6745 OSCEOLA DR Mt. Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Holloway David Holloway DATE 4/21/95 904-383-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)