

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address
 6924 OSWEGO DR. P. O. BOX 181
 P O BOX 181 P O BOX 181
 MT. DORA FL 32757 TANGERINE FL 32777
 US US

3. Date Incorporated or Qualified
 09/25/1975
 4. FEI Number 59-6178082
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 6923 OSWEGO DR 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 ~~PO Box 181~~ 27
 City & State City & State
 23
 28
 Zip Country Zip Country
 24 25 29 30

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 HOLLOWAY, DAVID
 6924 OSWEGO DR
 MT. DORA FL 32757

10. Name and Address of New Registered Agent
 81 Name EADEN, LAURA M.
 82 Street Address (P.O. Box Number is Not Acceptable) 6923 OSWEGO DR.
 83
 84 City Mt Dora FL 85 Zip Code 32757

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.
 SIGNATURE Laura M. Faden, Secretary July 20, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, TERRY	1.2 NAME
STREET ADDRESS	6838 OSAGE DR	1.3 STREET ADDRESS
CITY-ST-ZIP	MT. DORA FL	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELICK, BILL	2.2 NAME
STREET ADDRESS	4635 OLA BCH DR	2.3 STREET ADDRESS
CITY-ST-ZIP	MT. DORA FL	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, DAVID	3.2 NAME
STREET ADDRESS	6924 OSWEGO DR	3.3 STREET ADDRESS
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHATLEY, TOM	4.2 NAME
STREET ADDRESS	4611 OLA BEACH DR	4.3 STREET ADDRESS
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JEANETTE	5.2 NAME
STREET ADDRESS	6745 OSCEOLA DR	5.3 STREET ADDRESS
CITY-ST-ZIP	MT. DORA FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Pelick
1.3 STREET ADDRESS	4635 OLA Beach Drive
1.4 CITY-ST-ZIP	Mt Dora, FL 32757
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Kenneth Johnson
2.3 STREET ADDRESS	6827 OSCEOLA Drive
2.4 CITY-ST-ZIP	Mt Dora, FL 32757
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURA FAOEN
3.3 STREET ADDRESS	6923 OSWEGO DRINE
3.4 CITY-ST-ZIP	MT DORA, FL 32757
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RHONNA BUMP
4.3 STREET ADDRESS	6839 OSAGE DRIVE
4.4 CITY-ST-ZIP	MT DORA, FL 32757
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RALEIGH TALIAFERRO
5.3 STREET ADDRESS	6820 OSCEOLA DRIVE
5.4 CITY-ST-ZIP	MT DORA, FL 32757
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GEORGE LEDFORD
6.3 STREET ADDRESS	6730 OSCEOLA DRIVE
6.4 CITY-ST-ZIP	Mt Dora, FL 32757

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Laura M. Faden, Secretary July 20, 1998 (352) 735-3674
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)