## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 733929**

1. Corporation Name

## **OLA BEACH IMPROVEMENT ASSOCIATION**

Mailing Address P. O. BOX 181 P O BOX 181 TANGERINE FL 32777

	(Bille Libie feit eibii	<b>8</b>  3   8 8    88

**FILED** 

04-28-1999 90012 038 \*\*\*\*61.25

_	rincipal Pl	ace of Business 2a. Mailing Address			3. Date Incorporated or Qualifed 09/25/1975							
21	· .		26 Suite Ant # ata					Number			I IAr	clied For
$\overline{}$	uite, Apt. i	#, etc.	Suite, Apt. #, etc.				5	9-61780	82		J	ot Applicable
22 Ci	ity & State		City & State				-				\$8.75	
23	ny a cian	•	28			5. Certificate of Status Desired				Fee Required		
Zi	ip	Country	Zip	Co	untry		6. Ele	ection Cam	paign Financing	3 —	\$5.00	May Be
24	-	25	29	30			1	ust Fund C	. •	<b>'</b> 🗆		tc Fees
2-7		9. Name and Address of Cu			T		10. Na	me and A	ddress of New	Registere	d Agent	
Trumo una vavosa en la companya de l					81	Name						
F/	ADEN I	aura M.				014 4		Dec Mores	nos in Nint Assoc	stable)		
		VEGO DR			82	Street A	kildress (P.O.	Bo> Num	er is Not Accep	otable)		
		NFL 32757			83		-					
141	ii. UUM	( FE 32/3/			Ш							
					84	City				F	85 Zip	Code
41 7	D	to the previous of Costions 617	0500 and 617 1508 Florida State	ites the s	ahove	anamed c	cornoration su	hmits this	statement for th	e purpose	of changing its	registered
	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.											gistered
a	agent. I ar	m familiar with, and accept the ob	bligations of, Section 617.0503, F	lorida Sta	tutes.							
SIGN	NATURE		A SOLO IN THE RESERVE OF THE SOLO IN THE S	C. Bogistoro	d Anon	t cionatura rev	quired when reins	tation)		DATE		ì
12.		Signature, typed or printed name of registered	S ANO DIRECTORS	13.		it signatura ret			HANGES TO O		AND DIRECTO	PES IN 12
TITLE	— –	VP OF TIGERS	DELETE	1.1 T							Change	Addition
NAME		JOHNSON, KENNETH	<u> </u>		IAME							Ì
	T 40000 00	6827 OSCEOLA DR				ADDRESS						
	T ADDR£ SS	MT. DORA FL 32757			JTY-S1							
CITY-S TITLE	11-211	P	DELETE	2.1 T		1.771					☐ Change	Addition
NAME		PELICK, WILLIAM	<u></u>	221								ļ
i	T + D D D / C D	4635 OLA BCH DR				ADDRESS						
	TADDRESS	MT.DORA FL 32757			CITY-S							1
CITY-S	ST-ZIP	S	DELETE	3.1 T		11-211-		5/7			Change	Addition
		FADEN, LAURA	_ 522212		IAME		-	11			<u>γ</u>	
NAME	T 40001 55	6923 OSWEGO DR		4		FADDRESS						}
	T ADDRESS	MT.DORA FL 32757										ĺ
CITY-S	SI-ZIP	D DONA PL 32/3/	☐ DELETE		CITY-S	11-21					☐ Change	Addition
		BUMP, RHONNA			NAME							_
NAME		6839 OSAGE DR				ADORESS						
l	TADDRESS	MT.DORA FL 32757				1						
CITY-S	ST-ZIP		<b>∑</b> DELETE	4,4 C	CITY-SI	1-ZIP	$\overline{\Gamma}$				Change	Addition
TITLE		D DATE CODO DATE COL	, DELETE	<b>P</b> 1		ł	DKIM	c 0	PHIA			-
NAME		TALIAFERRO, RALEIGH		5.2 NAME		ADORESS	691	E CH	PULLO	GO	DC	
	T ADDRESS	6820 OSCEOLA DR			CITY-SI	1	WAI	ン か1	NOA		~ 22	757
CITY-S	ST-ZIP	MT.DORA FL 32757	DELETE	6.1 T		1-711	IVII	<i></i>	<u> </u>		Change	Addition
TITLE		D OCCUPATION	*ZNETE:E		IAME	ļ	WJe	ane7	He w	atso	7 Tollande	La radioon
NAME	Į	LEDFORD, GEORGE					10	54	osce			ţ
STREE	ADDRESS 6730 OSCEOLA DR			6.3 5	REE	ADDRESS	ΨI	~~		~ 100	11	أ سـ

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: