

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90088 011 ****61.25


DOCUMENT # 733929

1. Entity Name
OLA BEACH IMPROVEMENT ASSOCIATION

Principal Place of Business 6923 OSWEGO DR P O BOX 181 MT. DORA FL 32757 US	Mailing Address P. O. BOX 181 P O BOX 181 TANGERINE FL 32777 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

004170



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6178082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FADEN, LAURA M.
 6923 OSWEGO DR
 MT. DORA FL 32757**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE *Laura M Faden* DATE 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME VP PELICK, WILLIAM STREET ADDRESS 4635 OLA BEACH DR CITY-ST-ZIP MOUNT DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME P ERN, ROBERT A STREET ADDRESS 4523 OLA BEACH DR CITY-ST-ZIP MT.DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME ST FADEN, LAURA STREET ADDRESS 6923 OSWEGO DR CITY-ST-ZIP MT.DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME D FISHER, ELIZABETH STREET ADDRESS 6908 OSWEGO DR CITY-ST-ZIP MOUNT DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME D CAPULLO, KIM STREET ADDRESS 6915 OSWEGO DR CITY-ST-ZIP MT DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME D WATSON, JEANETTE STREET ADDRESS 6754 OSCEOLA DR CITY-ST-ZIP MT DORA FL 32757	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Laura M Faden* **FILED** DATE 4/27/01 DAYTIME PHONE # (352) 735-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)