

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90062 022 ****61.25

0067368

DOCUMENT # 733929

1. Entity Name

OLA BEACH IMPROVEMENT ASSOCIATION



Principal Place of Business

Mailing Address

6923 OSWEGO DR
 P O BOX 181
 MT. DORA FL 32757
 US

P. O. BOX 181
 P O BOX 181
 TANGERINE FL 32777
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6178082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *KIM CAPULLO*

Street Address (P. O. Box Number is Not Acceptable)
6915 OSWEGO DR

City *MT DORA*

FL

Zip Code *32757*

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

[Signature] PRESIDENT

6-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
 NAME PELICK, WILLIAM
 STREET ADDRESS 4635 OLA BEACH DR
 CITY-ST-ZIP MOUNT DORA FL 32757 Delete

TITLE DIRECTOR
 NAME LEE RICHLING
 STREET ADDRESS PO Box 275
 CITY-ST-ZIP TANGERINE, FL 32778 Change Addition

TITLE P
 NAME ERN, ROBERT A
 STREET ADDRESS 4523 OLA BEACH DR
 CITY-ST-ZIP MT.DORA FL 32757 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE ST
 NAME FADEN, LAURA
 STREET ADDRESS 6923 OSWEGO DR
 CITY-ST-ZIP MT.DORA FL 32757 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME FISHER, ELIZABETH
 STREET ADDRESS 6908 OSWEGO DR
 CITY-ST-ZIP MOUNT DORA FL 32757 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE D
 NAME CAPULLO, KIM
 STREET ADDRESS 6915 OSWEGO DR
 CITY-ST-ZIP MT DORA FL 32757 Delete

TITLE S/T
 NAME Kim CAPULLO
 STREET ADDRESS 6915 OSWEGO DR
 CITY-ST-ZIP MT DORA, FL 32757 Change Addition

TITLE D
 NAME WATSON, JEANETTE
 STREET ADDRESS 6754 OSCEOLA DR
 CITY-ST-ZIP MT DORA FL 32757 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change 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:

[Signature] PRESIDENT

6-9-02 352-343-8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)