

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

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
---	---



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-6178082	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**CAPULLO, KIM
6915 OSWEGO DRIVE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP PELICK, WILLIAM 4635 OLA BEACH DR MOUNT DORA FL 32757	TITLE	[Change] [Addition] U00000048508 02/12/04-80083-011 61.25
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FISHER, ELIZABETH 6908 OSWEGO DR MOUNT DORA FL 32757	TITLE	[Change] [Addition]
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST CAPULLO, KIM 6915 OSWEGO DR MT DORA FL 32757	TITLE	[Change] [Addition]
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WATSON, JEANETTE 6754 OSCEOLA DR MT DORA FL 32757	TITLE	[Change] [Addition]
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D OUTLAND, GARY 6841 OSCEOLA DRIVE MOUNT DORA FL 32757	TITLE	[Change] [Addition]
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RIGLING, LEE 6432 OSWEGO DRIVE MOUNT DORA FL 32757	TITLE	[Change] [Addition]
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kim Capullo* Date: Feb 2 2004