


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 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 TANGERINE FL 32777 US**



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

1st MOORE CR2E037 (10/05)
 4. FEI Number: **59-6178082** Applied For Not Applied
 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: _____ (Signature typed or printed name of registered agent and the filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006
 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 2006	
TITLE: VP NAME: PELICK, WILLIAM STREET ADDRESS: 4635 OLA BEACH DR CITY-ST-ZIP: MOUNT DORA FL 32757	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: FISHER, ELIZABETH STREET ADDRESS: 6908 OSWEGO DR CITY-ST-ZIP: MOUNT DORA FL 32757	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: ST NAME: CAPULLO, KIM STREET ADDRESS: 6915 OSWEGO DR CITY-ST-ZIP: MT DORA FL 32757	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: WATSON, JEANETTE STREET ADDRESS: 6754 OSCEOLA DR CITY-ST-ZIP: MT DORA FL 32757	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: OUTLAND, GARY STREET ADDRESS: 6841 OSCEOLA DRIVE CITY-ST-ZIP: MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Robert Robertson STREET ADDRESS: 6923 OSWEGO DR CITY-ST-ZIP: Mt. Dora, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: RIGLING, LEE STREET ADDRESS: 6432 OSWEGO DRIVE CITY-ST-ZIP: MOUNT DORA FL 32757	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *William Pelick*
 05/09/06-80006-006 \$1.25
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