

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 041 ****61.25

DOCUMENT # 733929
 1. Entity Name
OLA BEACH IMPROVEMENT ASSOCIATION



Principal Place of Business Mailing Address
 6923 OSWEGO DR P. O. BOX 181
 P O BOX 181 P O BOX 181
 MT. DORA FL 32757 TANGERINE FL 32777
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-6178082 Not Applicable

Zip Country Zip Country

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	PELICK, WILLIAM	
STREET ADDRESS	4635 OLA BEACH DR	
CITY ST ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ELIZABETH	
STREET ADDRESS	6908 OSWEGO DR	
CITY ST ZIP	MOUNT DORA FL 32757	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAPULLO, KIM	
STREET ADDRESS	6915 OSWEGO DR	
CITY ST ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, JEANETTE	
STREET ADDRESS	6754 OSCEOLA DR	
CITY ST ZIP	MT DORA FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OUTLAND, GARY	
STREET ADDRESS	6841 OSCEOLA DRIVE	
CITY ST ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGLING, LEE	
STREET ADDRESS	6432 OSWEGO DRIVE	
CITY ST ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	Director:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Robertson	
STREET ADDRESS	6923 Oswego DR.	
CITY ST ZIP	Mt Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/26/07*
 Daytime Phone # *CK # 2296*