

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 029 ****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 |
|---|---|



1st MOORE CR2E037 (10/07)

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 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 <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CAPIILLO, 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, 2008**

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 | NAME PELICK, WILLIAM | <input type="checkbox"/> Delete |
| STREET ADDRESS 4635 OLA BEACH DR | CITY-ST-ZIP MOUNT DORA FL 32757 | |
| TITLE D | NAME FISHER, ELIZABETH | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 6908 OSWEGO DR | CITY-ST-ZIP MOUNT DORA FL 32757 | |
| TITLE ST | NAME CAPULLO, KIM | <input type="checkbox"/> Delete |
| STREET ADDRESS 6915 OSWEGO DR | CITY-ST-ZIP MT DORA FL 32757 | |
| TITLE D | NAME WATSON, JEANETTE | <input type="checkbox"/> Delete |
| STREET ADDRESS 6754 OSCEOLA DR | CITY-ST-ZIP MT DORA FL 32757 | |
| TITLE D | NAME ROBERTSON, ROBERT | <input type="checkbox"/> Delete |
| STREET ADDRESS 6923 OSWEGO DR | CITY-ST-ZIP MOUNT DORA FL 32757 | |
| TITLE D | NAME RIGLING, LEE | <input type="checkbox"/> Delete |
| STREET ADDRESS 6432 OSWEGO DRIVE | CITY-ST-ZIP MOUNT DORA FL 32757 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|-------|-------------------|---------------------------|---------------------------|--|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <i>AK Pivorka</i> | <i>4611 OLA BEACH DR.</i> | <i>MT DORA, FL 32757.</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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* *3/14/08*