

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733929

FILED
Mar 03, 2009
Secretary of State

Entity Name: OLA BEACH IMPROVEMENT ASSOCIATION

Current Principal Place of Business:

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

New Principal Place of Business:

6915 OSWEGO DR
MT. DORA, FL 32757 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6178082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPULLO, KIM
6915 OSWEGO DRIVE
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PELICK, WILLIAM
Address: 4635 OLA BEACH DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: PIVONKA, AL
Address: 4611 OLA BEACH DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: ST () Delete
Name: CAPULLO, KIM
Address: 6915 OSWEGO DR
City-St-Zip: MT DORA, FL 32757

Title: D () Delete
Name: WATSON, JEANETTE
Address: 6754 OSCEOLA DR
City-St-Zip: MT DORA, FL 32757

Title: D () Delete
Name: ROBERTSON, ROBERT
Address: 6923 OSWEGO DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: RIGLING, LEE
Address: 6432 OSWEGO DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM CAPULLO

Electronic Signature of Signing Officer or Director

SEC,

03/03/2009

_____ Date