

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733929

FILED
Apr 28, 2011
Secretary of State

Entity Name: OLA BEACH IMPROVEMENT ASSOCIATION

Current Principal Place of Business:

6915 OSWEGO DR
MT. DORA, FL 32757 US

New Principal Place of Business:

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
Name: PELICK, WILLIAM
Address: 4635 OLA BEACH DR
City-St-Zip: MOUNT DORA, FL 32757

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIM CAPULLO

SEC.

04/28/2011

Electronic Signature of Signing Officer or Director

Date