

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009834

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** MOUNT OLIVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5321 TEN POINT DR.  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1091  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 20-1594945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAYMOND, RANDOLPH A  
5331 TEN POINT DR.  
CRESTVIEW, FL 32539 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: P ( ) Delete  
Name: RAYMOND, RANDOLPH A  
Address: 5331 TEN POINT DR  
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Delete  
Name: SHIRLEY, FINKLESTEIN  
Address: 4144 BIG BUCK TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete  
Name: HICKMAN, CECILIA  
Address: 4173 BIG BUCK TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: RAYMOND, RANDOLPH A  
Address: 5331 TEN POINT DR  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: FREEMAN, EDWARD O  
Address: 5327 TEN POINT DR  
City-St-Zip: CRESTVIEW, FL 32539

**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:

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: CECILIA HICKMAN

T

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date