

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:

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, EDWARDO
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