

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009834

**FILED**  
**Feb 26, 2010**  
**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:**

DAVIS, CHARLENE  
4148 BIG BUCK TRAIL  
CRESTVIEW, FL 32539 US

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

HICKMAN, CECILIA  
4173 BIG BUCK TRAIL  
CRESTVIEW, FL 32539 US

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: CECILIA HICKMAN

02/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MILLER, DANIEL  
Address: 4156 BIG BUCK TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

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

Title: S  
Name: TREFF, LORI  
Address: 4104 BIG BUCK TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

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: CECILIA HICKMAN

T

02/26/2010

Electronic Signature of Signing Officer or Director

Date