

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N03610 (5)

1. Corporation Name

OZONA VILLAGE IMPROVEMENT SOCIETY, INC.

Principal Place of Business

Mailing Address

BAY ST.
P O BOX 81
OZONA FL 34660

BAY ST.
P O BOX 81
OZONA FL 34660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1984** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2419863** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARENS, ARNOLD W.
133 HARBOR DR.
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARENS, ARNOLD W.
STREET ADDRESS	133 HARBOR DR.
CITY ST ZIP	PALM HARBOR FL
TITLE	VD
NAME	TAIT, DAVID L
STREET ADDRESS	P. O. BOX 808 N/A
CITY ST ZIP	OZONA FL
TITLE	SD
NAME	SALVERSON, JUDY
STREET ADDRESS	322 SUNSET WAY
CITY ST ZIP	PALM HARBOR FL
TITLE	TD
NAME	MARENS, DIANE M.
STREET ADDRESS	133 HARBOR DR.
CITY ST ZIP	PALM HARBOR
TITLE	PD
NAME	FORTNER, TERRY
STREET ADDRESS	19 BAY ST. BOX 653
CITY ST ZIP	OZONA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	PD Robert Fortner
13 STREET ADDRESS	P.O. Box 653
14 CITY ST ZIP	Ozona, FL. 34660
21 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	VD Christine Wilson
23 STREET ADDRESS	104 Harbor Drive
24 CITY ST ZIP	Palm Harbor, FL 34683
31 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	SD Diana Deferrari
33 STREET ADDRESS	110 Harbor Drive
34 CITY ST ZIP	Palm Harbor, FL 34683
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	D Arnold W. Marens
43 STREET ADDRESS	133 Harbor Drive
44 CITY ST ZIP	Palm Harbor, FL 34683
51 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	D Arnold W. Marens
53 STREET ADDRESS	133 Harbor Drive
54 CITY ST ZIP	Palm Harbor, FL 34683
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra M. Marens, Juno* 7/22/95 813-784-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

CR2E037 (3/95)